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## A REPORT OF THE SYMPOSIUM ON SHOCK.

W. L. MENDENHALL, M. D., DES MOINES, IOWA.

The symposium, which is reported here, was presented at a joint meeting of the American Physiological Society with the American Association for the advancement of science at Washington, D. C. during the holidays. I did not anticipate making a report of the meeting at the time and so took no notes. The report I have is simply based upon memory of the papers. I give the general trend of the papers as they were read. When the papers appear, if any discrepancies are found they must be laid to the frailties of human memory.

The symposium was on Acapnia and Shock. The meeting opened with a paper by Dr. Yardel Henderson, professor of physiology at Yale Medical School. He presented his theory in regard to influence of acapnia on shock and was followed by Drs. Howell, Erlanger, Crile and Meltzer. I shall not go into the reasons for the presentation of the symposium further than to mention a few facts with which you are doubtless familiar. In 1906, Henderson announced his belief that hyperpnea, or rapid breathing, produced an over ventilation of the lungs and reduced the amount of Carbon Dioxide in the alveolar air, and hence following the well known physical laws of the diffusion of gases, the Carbon Dioxide content of the blood was depleted. It is well known that Carbon Dioxide constitutes the normal respiratory stimulus.

Now in over ventilation you reduce the amount of Carbon Dioxide in the blood and thus withdraw the normal stimulus to the respiratory center. As a result, breathing ceases, due to a lack of stimulation of the center, a condition which is designated as apena. That condition in which the Carbon Dioxide content of the blood is greatly reduced is spoken of as acapnia. The hyperpnea, incident to painful stimulation or ether anesthesia, produces partial acapnia and this is a factor in the production of shock. I shall leave his explanation of how it caused shock until I mention his paper. His theory has created no small amount of criticism, not only among clinicians, but also among his laboratory colleagues. For this reason the symposium on acapnia and shock was arranged, with the idea of clearing up, if possible, the etiology of this clinical disturbance. Dr. Henderson began his paper with the statement that he had been greatly misunderstood, not only by

clinicians but by physiologists as well. One surgeon, he said, had gone so far as to ask if this man Henderson was sane? In other ways his theory gained for him the odium of his colleagues. His paper began with a definition of health. This he defines as a maintenance of certain constants, e. g., a certain heart rate, respiratory rate, gaseous content of blood, secretion of sweat, constant temperature etc. Within certain limits these constants may vary and not destroy equilibriums. When one of these constants vary decidedly, equilibrium is disturbed and disease results. According to his theory a certain per cent of Carbon Dioxide in the blood is a constant concerned in health. A great reduction in this constant may be one factor in the production of shocks. Other conditions may produce shock. As near as I can remember his statement of the theory is as follows: Hyperpnea, or rapid breathing, may be produced voluntarily or by ether anesthesia or by strong stimulation of afferent nerves resulting in pain. Hyperpnea, if sufficiently prolonged or intense, may wash out the Carbon Dioxide from the alveolar air, thereby producing a reduced amount in the blood or a condition designated "Acapnia." Acapnia produces apnea. During apnea the oxygen content of the blood steadily decreases until there is caused a condition of anoxemia or a lack of oxygen sufficient to carry on metabolism properly. This is followed by a gradual diminution of the volume of the blood stream. This he believes is due to an alteration in the respiration of the tissues, to the development of tissue asphyxia and of acidosis and consequent transudation of the fluid of the blood into the tissues. He believes this process is one of imbibing or absorbing of water by the colloids of the protoplasm of the tissue cells,—a process similar to the swelling of fibrim in dilute acids. This transudation occurs chiefly from the veins thereby resulting in a diminished veinous supply to the heart; this in turn causes a lessened output from the heart and produces a condition of constricted arteries with a lowered blood pressure as we see it in shock. This process of blood leaving the veins, he refers to, as a veno-motor mechanism.

Dr. Henderson was followed by Dr. Joseph Erlanger, Prof. of Physiology in Washington University at St. Louis. He took up the question of diminished volume of blood flow and cited experiments he had performed, which left no doubt that Henderson was wrong in regard to a diminished volume of blood flow during shock. Erlanger found a normal flow and in some instances an increase blood flow.

The next paper was by Dr. Howell, Prof. of Physiology in Johns Hopkins Medical School. He produced experimental evidence to show that shock was due to vaso-motor paralysis, accompanied possibly by an exhaustion of the heart muscle. The vaso-motor paralysis he thought was due to excessive stimulation of afferent nerves reflexly affecting the vaso-motor center.

Howell was followed by Dr. Crile of Cleveland. His theory of the causation of shock is familiar to you and was not materially different from what he has given before. He ascribes shock to a condition of deranged brain cell function brought on by fear, excitement or powerful stimulation of afferent nerves. His clinical and experimental evidence was overwhelmingly against Henderson's theory. One point that seemed particularly significant was transfussion of blood from one animal to another, and by artifically producing shock in one animal, showed that it was afferent stimulation and its results upon the cortical cells, that was the active factor in shock production and not the condition of the blood.

Dr. Crile was followed by Dr. Meltzer of Rockefeller Institute. He criticized certain references that Henderson had made about his (Meltzer's) work. He said that Dr. Henderson had appropriated only certain parts of an experiment in order to support his theory. He attacked Dr. Henderson especially for placing so much emphasis upon the presence of a veno-motor mechanism, the existence of which is lacking experimentally. He referred to Dr. Henderson's production of shock by means of forced artificial respiration. This Dr. Meltzer said was simply an instance of over-stimulation of afferent nerves in the lungs, and like stimulation of afferent nerves in other parts of the body produced shock. Dr. Meltzer as president of the American Physiological Society offered apology for the proposing of such a theory and remarked that Dr. Henderson ought to consider it an honor that they give him that much time for the consideration of such an absurd proposition.

The presenting of the papers consumed about a half a day and consequently were discussed very little. In conclusion Dr. Henderson said that he still believed in his theory and would perform an experiment to prove it. He walked over in front of Dr. Meltzer and Crile and stood a table on two legs. Then he told the gentlemen that if they could raise the table on one leg without disturbing its equilibrium, then he would believe acapnia was not a cause of shock. In other words acapnia is one factor that enters into the production of shock and, under certain conditions may be the sole cause of shock.

The general feeling after the meeting was that Crile and Howell were nearest the correct solution of the etiology viz.: a changed condition in the nervous system due to excessive stimulation of afferent nerves, this in turn paralyzing or exhausting the vaso-motor center. All the authors agreed that, if Dr. Henderson's theory was later proven correct, that he had at this time insufficient evidence to warrant the conclusion. In closing I wish to state that Dr. Henderson was generally lauded for the attention he had drawn toward the subject of shock although some of his conclusions were manifestly erroneous.

## THE DIAGNOSIS OF CARCINOMA OF THE UTERUS.*

J. H. MAYNARD, M. D., ADAIR, IOWA.

There is probably no subject that we hear more about than we do about the importance of the early diagnosis of carcinoma of the uterus.

It seems to be a fact that carcinoma of the uterus like carcinoma in many other locations, as for instance the stomach, frequently is without symptoms until the local tissue destruction begins. As one writer has put it they are not symptoms of the disease but symptoms of the destruction done by the disease.

In the past, the blood, the urine, the gastric juice, the feces have all been carefully subjected to every chemical and microscopic test that could be devised for some reaction that would be of value in the diagnosis of cancer but none have proved of any value, not even the examination of the gastric juice in cancer of the stomach.

It seemed as if our limits of investigation had been reached when the recent work on immunity opened up a new field. In view of the great things that have been achieved in the field of biological investigation in the last few years it seems as if we may expect the discovery of some specific reaction that will aid in the diagnosis of carcinomata no matter where located.

So far the principal tests that have been tried are:

(1) In 1900 Greenbaum and Ascoli tried to work out a test, based upon the same principle as the Widal aglutination test, but failed.

(2) Later Freund with a precipitan test similar to the Wasserman test made by using cancer extract and adding it to the blood serum of the suspected persons got reactions with 54 cancer patients and no reaction with 45 non-cancerous patients. However others have been unable to verify his results.

(3) Kelling with his hemolytic test made by inactivating the human serum by heat then adding a 5 per cent solution of hen red corpuscles, rincing, incubating, and centrifuging. The final result depends upon the amount of hemoglobin dissolved.

Cryle claims that this test is very reliable, but others have failed to get favorable results.

(4) The meiostagmin test (meio-small, stagmindrop) is quite complicated, but seems to give very good results in the cases it has been tried in. It is based upon the difference in the surface tension of different fluids, under different conditions.

(5) Normal blood serum inhibits the action of the ferment trypsin, to a certain extent, and this inhibitory action is claimed to be

*Read before the Cass County Medical Society December 12, 1911.

greater if carcinoma is present in the system. So far as I know this has not attracted much attention.

(6) At present everyone seems to be working on the anaphylaxis phenomenon, so far with indifferent success.

I think that we may safely conclude that for the present, while in the hands of a few experts, the hemolytic test used with the meiostagmin test as a check may give fairly reliable results; we must rely on the signs and symptoms to make our diagnosis.

There are several symptoms that when found either alone or in combination demand further investigation, and in this investigation the microscope must take an important part. The principal symptoms are:

(1) Bleeding after slight causes, as coitus, defication, or sudden exertion.

(2) Leucorrhoea.

(3) Menstrual irregularities.

Some authors state that hemorrhage is the first symptom and others, especially William R. Pryor, that a marked increase of the womans habitual leucorrhoea or the occurrence of a whitish discharge, in those who have not had it, is the first symptom.

Winter describes as a very early symptom "a discharge that is serous and resembles beef-brine."

Skene also says that "there are very few who do not give bloody water as one of their symptoms." Of course the real, bloody, foul smelling, necrotic, discharge that comes later is a late symptom. Probably bleeding from slight causes is the most significant as it is so unusual that the patients attention is at once called to it. It is one of the earliest of the late symptoms and often if prompt action is taken at this time the patient may be saved.

When examining a patient that might be suspected of having a uterine cancer it is well to inquire about the leucorrhoea as this may be the first symptom in any case, but it is especially significant if it occurs after the menopause without any etiological factor to cause it.

The causes of menstrual irregularity in order of their frequency is given by Ashton as follows: "In unmarried women up to forty, to fibroid tumors of the uterus; in married women who have borne children to such local causes as uterine displacements, chronic inflammations of the uterus, fibroids and polypi; and in women at or near the menopause, to cancer of the cervix.

It is important to remember that usually, pain is a late symptom, so is free hemorrhage, so is cachexia, so is the foul smelling discharge. We must try to make the diagnosis before these symptoms are present.

In the examination of a case suspected of being carcinoma of the uterus the two characteristics of cancer neoplasm and degeneration

should be carefully sought for. The signs of degeneration that are usually most prominent are its tendency to bleed freely upon the slightest touch, and its friability. This friability is shown by pressure of the finger which will break it up into small fragments. Winter says that the only other tissue that will do this is a badly degenerated myomata and this very rarely.

A hard nodular feeling of the cervix is a very suspicous sign. This is much more significant if there is an old laceration and the hard nodules are not confined to the angles of the laceration, where it is not uncommon to find a small wedge of hard scar tissue. In malignant disease of the cervix, the cervix is usually enlarged. The flat ulceration of the cervix is the type that will cause the most difficulty as it must be differentated from the various erosions and ulcerations that occur in this locality.

If there is an ulcer of the cervix and it shows any tendency to project above the surface Winter says that it is very suspicous. Here in case of doubt the best procedure is to amputate the cervix and follow it in a few days by an hysterectomy if the microscope shows malignancy. Ochsner advises against the removal of a small piece of tissue very strongly. He says that it stimulates the growth to such an extent that in no case he knows of where it was done has a permanent cure resulted.

Carcinomata of the body of the uterus occurs in the ratio of one to fifteen as regards the cervix according to Winter. The diagnosis is much harder to make, but on the other hand it usually occurs between the ages of sixty and seventy years, at which time hemorrhages are much more significant.

There also frequently occurs in cancer of the body, the so-called Simpson's pains that are almost pathognomonic. They are regular labor like pains lasting for several hours and often recurring at a definite time each day. The passage of a sound is frequently followed by a profuse hemorrhage that lasts a considerable time. The only method that seems to be in any way reliable is the microscopic examination of a currettage. Of course there may be some irregularity of size or shape but usually such changes do not occur early enough to be of any value.

The body of the uterus is lined with cilliated collumnar epithelium and the glands, of course, are lined with collumnar epithelium so a carcinomata arising from the body of the uterus must be of the adenocarcinomata type. The vaginal portion of the cervix is covered with squamous epithelium which is continued a varying distance into the cervical canal where it merges into collumnar epithelium. The glands are lined with collumnar epithelium. So in the cervix either the squamouscelled or the adenocarcinomata may occur.

Clinically either form may assume the everting or the inverting type.

The squamous celled carcinoma are more prone to assume the inverting, infiltrating, ulcerating type; and the so-called cancer strands and cancer nests are found more often in this form, while the adenocarcinomata is more likely to be of the everting, fungating type in which the branching, tubular arrangement of the cells is more frequently found. To sum up the suspicious symptoms are:

(1) Bleeding after slight causes.

(2) Leucorrhoea.

(3) Menstrual irregularities.

The examination should be to try and discover the two characteristics of carcinomata.

(1) Neoplasm.

(2) Degeneration.

Whenever in doubt appeal to the microscope.

In the preparation of this paper the following works were consulted:

American Practice of Surgery.
Keene's Surgery.
Ochsner's Surgery.
International Text Book of Surgery.
Rose and Carless Surgery.
Reference Hand Book of the Medical Sciences.
Kelley and Noble Gynecology.
Ashtons Gynecology.
Garrigues Gynecology.
Winter's Gynecological Diagnosis.
Skene's Diseases of Women.
Piersols Normal Histology.
Delafield and Pruden's Pathology.
Zeiglers Pathology.
Surgery Gynecology and Obstetrics, May, 1911 (Connel)
Journal A. M. A. May 28, 1911 p. 1790.
Journal A. M. A. February 25, 1911, p. 629.

## SOME INFLUENCES IN THE LIFE OF TODAY PRODUCTIVE OF NERVOUS AND MENTAL DISORDERS.*

FRANCIS A. ELY, M. D., DES MOINES, IOWA.

It is obvious that the subject of this paper permits the assumption that there are influences attendant upon the present day life which differ from those of the past in the production of mental and nervous diseases, and it is necessary to a logical discussion of the subject that the intrinsic differences between past and modern life be enumerated and individually analyzed in order that we may determine whether or not they are responsible for mental and nervous morbidity.

It would be impossible in dealing with a subject of this kind to generalize to the extent of including all nations; therefore it will be necessary to limit our fields of observation to the composite America, embodying as she does all types of humanity.

Although a preponderating strain of alien blood has been transfused into our religion-loving country, it is nevertheless true that America is intrinsically a Christian nation which was originally stern and puritanical, the most staunch and thrifty colonies having been established as a result of a desire for civic and religious liberty.

It is only fair to assume that the last two hundred years have not produced any marked evolutionary changes in the anatomical structures or physiological functions of the human body; in fact, so short a period of time does not place us very much nearer or farther from our Darwinian ancestors. It is therefore reasonable to assume that, at least from a physical standpoint, modernized man is not particularly different from the man of two centuries ago.

Although the body changes little in a few hundred years, the same cannot be said of man's habits and his environment; and we may include in environment heredity, because the environment of today is the heredity of tomorrow. Assuming, then, that changes of environment are responsible for the increased development of insanity and nervous affections, it will be well at this time to enumerate some of the important changes which have entered into our modern life and are definitely and distinctly new features of a character wholly unknown to the people of a century ago. Among others, the following are worthy of mention:

1. Non-observance of one day in seven for rest.
2. Light regard for marriage vows.
3. The entrance of woman into the world of business.
4. Intensive educational methods.
5. The massing of humanity in our large cities.

*Read before the quarterly conference of the chiefs of state institutions with its Board of Control of Iowa.

6. Modern inventions for the facilitation of communication and rapid transit.

7. Over-organization.

One of the most impressive lessons which we may learn from Nature is that for every period of activity there is naturally a corresponding period of rest. Vegetation takes its winter's rest. The fallow earth, over-burdened by a succession of harvests, fails in its fruitfulness if not allowed its season of rest. The heart with its systolic activity also takes its diastolic rest. And so must man, with his stress of work and worry, set apart for himself a period of rest, in order that his exhausted energies may have an opportunity to become revitalized. There can be little doubt that the strict observance of the old puritanic Sabbath was an effective element in building up the hardy and courageous specimens of manhood and womanhood which have made American history famous. It is true that recreation or amusement is rest, but it is doubtful whether the present way of making Sunday a gala day is as conducive to the rebuilding and soothing of a tired nervous system as the meditative repose of the Sabbath of long ago. It is the writer's belief that past religious usages, in so far, at least, as they imposed upon the people a strict day of rest in each week, exerted a sedative and conservative influence upon the mental and nervous integrity of the nation.

It is a well known fact that our courts are constantly congested with divorce suits and that applications for divorces are rapidly increasing in number. Just why this is true is not a matter for discussion at this time, but the general effect of this spirit of matrimonial unrest is important. When matrimonial vows are held lightly, morality is held lightly. When morality is at a low ebb syphilis and venereal diseases are rampant; and when syphilis is prevalent, an overwhelming harvest of mental and nervous disorders is sure to be reaped. Not only does syphilis bring about general paresis and cerebro-spinal manifestations, but the parent whose blood has been vitiated by the toxins of lues transmits to his offspring a tendency to low vitality which very frequently makes itself evident in the form of hysteria, epilepsy and hereditary neurasthenia. If for two centuries we could have a nation of well-mated men and women, with a predilection for early marriages and a high appreciation of what marriage means, we would soon eliminate a large number of the syphilitic infections, and by so doing would ultimately eradicate at least one-half of the organic nervous diseases and a large percentage of the mental disorders.

The influence of women in business life upon mental and nervous morbidity is much greater than might be apparent upon first thought. In the first place, such a condition makes marriage in general much

less possible, and as a result we have a higher degree of immorality, with the exacted penalty mentioned in the preceding paragraph. In the second place, it cannot be denied, squirm and scoff as many of the business women will, that maternity is the primary instinct of womanhood; and when this instinct is suppressed—especially if the individual has any tendency to hereditary nervous taint, various hysterical and neurasthenic symptoms are apt to creep out. Why is the proverbial "old maid" considered a subject of jest? Because she is different. Why is she different? Because she spends a lifetime trying to suppress a heartfelt desire. If she be fortunate enough to find a mental safety-valve in the form of some congenial work which leads her out of herself, she may, for a time, at least, and in some instances for a lifetime, avoid becoming mentally and nervously abnormal; but a large number of spinsters become self-centered, introspective, neurasthenic, and in many instances hysterical. The cloister, settlement house, social service, and many of the organized philanthropies which are carried on largely by women, are nothing more or less than exhaust pipes through which suppressed maternal instinct is allowed to expend its force. The writer does not intend to convey the idea that he is not in sympathy with the social service plan; he only wishes to show that woman must mother something, and if it is not her own family, it is something or somebody else; and it is well for her mental welfare that this is true. But the spinster whose mental equipment does not lead her into self-abnegating channels must of necessity suffer in greater or lesser degree as the result of her willful or unavoidable failure to conform to Nature's plan.

Selfishness alone is a very potent adjunct to other morbid mental influences. The hearer may ask, what about bachelors? To this query the writer would reply that the same rule holds goods for both spinsters and single men, the only difference being that there is a much greater percentage of morality among women; hence a greater degree of emotional suppression.

That educational methods should alone be responsible for the production of psychoses and psycho-neuroses is hardly conceivable, and yet even our dignified school and college systems are not free from criticism—not because the curriculum is too strenuous, but because sufficient attention has not been given to the care of the deficient child; and in the use of the term "deficient" the writer wishes it to be construed in the broad sense, it being made to include those who are unable to stand the mental stress of the average. Individualization in education is the hobby of the age, and yet the idea will never become wholly applicable and practical. Probably seventy-five per cent of the pupils and students in our schools and colleges can be profitably and

safely kept up to a set educational pace, but the remaining twenty-five per cent would be injured if they attempted to keep abreast of the others; and it is here that educational specialization should be brought into play. The elective courses in our colleges very largely take care of this matter in the higher didactic sphere. It only remains for our public school system to provide separate schools where the individual needs of certain pupils can be recognized and properly dealt with. The open-air schools for tuberculous children are a step in the right direction, but this idea must be broadened and must be carried out as far as possible in all communities. If the neurotic, high-strung and hereditarily deficient pupil could be taken care of so that examination worries and the chagrin of not keeping the prescribed pace were removed, our educational systems would be very nearly perfect.

"Back to the farm" is the cry of our agricultural schools, and "Back to the truck garden, fruit farm and chicken ranch" is the cry of the hollow-chested, ink-bespattered bookkeeper. It is well that Nature has her own methods of balance and equalization. The past few decades have witnessed an unparalleled massing of humanity in our urban districts. Whenever too great a limit is placed upon God's out-of-doors, there disease makes its appearance. Over-crowding means bad hygiene, and bad hygiene causes diminished resistance, and diminished resistance brings not only tuberculosis, but chorea, neurasthenia, infection and exhaustion psychoses, to say nothing of the alcoholic and drug psychoses which are fostered in the slums of all cities. It is therefore gratifying to know that many a youth is turning his face towards the farm, after having received a well-grounded education in scientific agriculture, and that many a tired office man is looking once more to Mother Earth for his maintenance. Our cities will always be congested, but philanthropy is fast teaching "the other half" to utilize all the air and sunlight at its disposal.

We pity the man with his ball and chain who toils for the crime he has committed, but we who have committed no offense seldom think of the telephone, telegraph and wireless that are, figuratively speaking, chained to our ear. A popular saying has it that "what we don't know doesn't hurt us." Did you ever sit down to enjoy your midday meal and have your meat seasoned with the peppery clang of the telephone bell; and when you reached the salad course, much to your disgust, find it served up with a dressing of toll line sauce; and after you had disposed of this course with its nauseous dressing, and had settled back to quaff your after-dinner coffee and smoke your fragrant Havana, have your dream of contentment cut into shreds by the insistent demands of Western Union and Postal Telegraph? If you have, you know that a "constant dropping" wears away great stones. If persons

can be tortured to the point of death by the impact of regularly timed drops of water upon the body surface, what may not be said for the influence of these diabolical devices which modern life considers a necessity? Were it not for the fact that today we are permitted to enjoy the boundless variety of sensations, we would all sooner or later develop mental and nervous abnormalities. The merciful Creator has prepared for every poison its antidote, and variety is surely one of the antidotes for the toxic influence of strenuous living.

The transcontinental flyers, the automobile and the flying machine are no doubt responsible in a small way for nervous and mental pathology. Speed is an intoxicant, and, like alcohol and the injudicious use of tobacco, tea and coffee, will in time overwork the cardio-renal-vascular system, which in turn will bring about the nervous and mental phenomena of arteriosclerosis. The moral desire for motion destroys an individual's capacity for repose, and with the loss of repose we unquestionably sustain deterioration of the nervous system.

Reference has been made to the conservative and antidotal methods of Nature; and in following up this line of thought the writer feels that auto-speeding and aviation meets are a part of a well ordered scheme to rid the earth of undesirable incumbents. It has been the custom of many barbaric nations, and of some boasting of a high degree of intelligence, to put out of existence those individuals who, because of mental and physical defects, were useless to the community at large. The racing auto and the monoplane bid fair to substitute for these old customs a self-imposed method for the eradication of speed maniacs.

One of the crying evils of today is over-organization. It is doubtful whether America in the present decade can, in proportion to the number of its people and its educational advantages, show as many strong characters and history makers as a like period a century ago. Present methods of organization tend to eliminate the individual characteristic of initiative, and individual force is oftentimes wasted in operating the looms which weave the proverbial red tape. A newspaper joke which possesses the distinction of being both clever and funny recites the conversation which took place between a merchant and the agent for a filing system, after the former had purchased an elaborate self-keeping filing device. "Well, Mr. Brown," said the agent, "how is the filing system?" "Fine," answered Mr. Brown. "And how is business?" asked the agent. "Business!" retorted the merchant, "we are not doing any business; it takes all the employes to attend to the filing system!" And thus it is with much of our cumbersome detail.

But the most important factor relative to this evil, and the one

germane to the subject under discussion, is the necessity imposed upon the average business man of belonging to an endless number of organizations, each one divided into a score or more of committees, these in turn being duly divided into an imposing number of sub-committees. One lumber dealer in this city mentioned at least six different mercantile organizations, in each of which he was obliged to hold membership before being able to successfully conduct his business. Fifty years ago, the same man with a smaller capital would have been able to conduct a profitable business during the day, and spend his evenings in recreation and mental improvement; while at the present time he is obliged to deal in lumber during the hours of light and attend booster and committee meetings at night. One might elaborate extensively upon this phase of modernism which affects all forms of business and social life, but it is only necessary to cite the evil and allow the hearer the privilege of supplying applications and illustrations.

And now, after having taken a view of this moving picture exhibit of modern-day evils, the question arises, how can we most briefly summarize the whole problem? It would seem that the subject might be expressed in the one word, "greed," greed for money, distinction, social advantage or prestige. Why is this matter of greed so greatly accentuated? Because of the denseness of population. When a district is thinly populated, each settler is a necessity to his neighbor; therefore no one individual dares trespass too greatly upon his neighbor's rights lest he be deprived of that neighbor's help in harvest time. But as the population increases, the individual becomes less dependent upon his neighbor; therefore he presumes it possible to take advantage of him, and then begins the contest for supremacy which is known as competition. When men need their neighbors, they live by their neighbors; when they do not need them in the sense of mutual helpfulness, they live on their neighbors. Greed directly or indirectly deprives the workman of his reasonable hours of rest. Greed pushes the homemaker, woman, into the battle of business life. Greed drives the delicate school child beyond his capacity. Greed prevents marriage, and perverts its highest ideals. Greed drives the lightning express and dominates the speed-mad chauffeur. Greed is the cornerstone of the trust, and the keystone of organized labor. Greed is the demon that is straining our nerves to the point of breaking and changing the peaceful current of our thoughts into a swirling maelstrom of morbid worldly ambitions.

## OZONE.

W. A. GUILD, M. S. M. D., UTICA BUILDING, DES MOINES, IOWA.

The call of practical therapeutics is being answered by many progressive physicians. Those who have their ear to the ground, hear with no uncertainty, the onward tread of "New Medicine." Among the newer therapeutic agents is Ozone. Ozone is not a new discovery, but its practical application in the arts and sciences is comparatively recent.

The first mention made of this gas is contained in the reports of Van Marum,[1] in 1785, who observed that air through which an electrical discharge had taken place was possessed of a peculiar odor. There is no record of any attempt at that time to make either a chemical or physical analysis or classification of this phenomenon.

During the next half century some few investigators made mention at various times of this peculiar substance; some likening it to chlorine; others again to bromine; and still others claiming that it was a higher oxide of hydrogen differing from the previously well known peroxide (H-2 O-2).

In 1893, Schonbein communicated to the Naturalist Society in Bale[2] his experiments with the then new substance, announcing that he had succeeded in isolating it as a definite chemical and naming it "Ozone," from the Greek word "Ozon—I smell." The true nature of this substance, however, was not known until the year 1863, at which time, Soret[3] and other investigators determined and described it. Their opinion as to the constitution of Ozone is the one generally accepted at the present day. According to this acceptation, the Ozone molecule consists of three atoms of oxygen (O-3), whereas, the oxygen molecule contains but two atoms (O-2).

It is not my purpose, in this paper, to engage in a scientific exposition of the chemical and scientific facts in connection with this substance, but rather to deal with it from a practical viewpoint. However, a short description of its physical and chemical properties will not be out of place.

Ozone is a colorless gas with an intense characteristic odor. In high dilutions, the odor resembles that of chlorine; but when it is more concentrated the odor is very much like that of moist phosphorus. The diluted gas is very unstable under most conditions. It decomposes quite slowly at a temperature approximating 40 to 50 degrees Centigrade. In the pure state it is comparatively stable up to 260 degrees Centigrade. It becomes a mobile, dark blue liquid at minus 103 Centigrade, under a pressure of 125 atmospheres. When in the liquid state it is highly explosive. This chemical instability is an index of

the great activeness that renders Ozone useful and valuable. Ozone is slightly soluble in water. The proportion of the saturated solution being about 1 to 112.

Ozone is produced in nature by silent electrical discharges from mineralized fields. The mountainous sections and higher altitudes furnish a splendid example of this. The amount of Ozone which is formed is in direct proportion to the electrical potential of the given field. For this reason, we find a large amount of Ozone over large bodies of water and at the seashore. At a meeting of the American Climatological Association in Montreal[4], Canada, June 13 and 14, 1911, Dr. James M. Anders, L. L. D., Professor of Medicine and Clinical Medicine in the Medico-Chirurgical College of Philadelphia, said, "Forests produce Ozone. One of the beneficial effects of forests is attributable to their energy in developing Ozone. My own observations, which have been detailed elsewhere, showed that Ozone is generated by odorous foliage and all of the flowering species, more particularly by scented flowers. According to my researches the exhalations from the Conifera were particularly energetic in the production of Ozone—a fact that affords an opportunity of entering a seasonable plea for the more careful preservation and cultivation of American pines."

The Scientific American, under date of January 14, 1899 makes the claim that the phosphorescence seen on the crest of waves in certain parts of the ocean is not due to the presence of Animalcules as has been supposed but that this luminosity is produced by the energetic oxidation of certain organic substances contained in the water. This was demonstrated by an apparatus devised for the purpose, in which sea water was exposed to a current of Ozone producing a similar illumination at the plane where the water and Ozone came in contact.

Ozone may be produced mechanically in several different ways, among which are: the slow oxidation of moist phosphorus, the decomposition of water, acidulated with sulphuric acid, by a galvanic current, and by the passing of an electrical spark or an electrical discharge through atmosphere or oxygen. The latter method is the most practical for the reason that, in this way, it is possible to produce considerable quantities of Ozone.

Ozone, as a deodorant, stands par-excellent. Dr. Morton[5], in the New York Medical Journal, reports the placing of a piece of meat, in an advanced state of decomposition and giving out an insufferable odor, into a vessel filled with Ozonized air. In one minute, the meat was completely deodorized. He also reports an experiment with 300 grams of horse manure, emiting a strong ammoniacal odor, which disappeared immediately when treated with Ozone. Stagnant water into which Ozonized air was introduced at once lost its disagreeable odor.

In one of the principle buildings in the City of Des Moines, a continued mal-odor emanating from the elevator shaft completely disappeared within two hours after the installation of an Ozone generator in a physician's office in that building.

I am informed that between 6,000 and 7,000 cubic feet, per minute, of Ozonized air is being pumped into the London subway at every station from 7 o'clock in the morning until 1 o'clock at night and that the acrid dampish odors, which were formerly so noticeable have entirely disappeared.

Dr. G. M. Dyott[11], writing in November, 1909, says that Ozonized air can be generated and distributed throughout a large building so easily, so cheaply and so effectively that Ozonizing sets will soon be as frequently seen as fan motors in summer.

In a recent case of fire, where a room became so full of smoke and the lingering odor of combustion products as to be untenable, an ozonator completely cleared and sweetened the room in a few minutes.

Kitchens and dishwashing rooms in which the volatilized product of steam washed dishes was very offensive, are rendered odorless and comfortably habitable.

Ozone, in consequence of its great oxidizing activity, is a powerful and rapid disinfectant. The air in factory rooms, which had a high bacteriological content, has been rendered sterile on the introduction of a quantity of Ozone diluted with air in such proportion that the average concentration over the room was one part of Ozone in one million of air.

An Ozone machine has been in operation in a Homeopathic hospital in Pittsburgh for several years and has proven very successful as a deodorant as well as a sterilizing agent. Ozone is also being used for sterilizing and purifying the air in the Royal Theater in Stutgart, Germany. An Ozone generator established in the Chicago Public Library in August, 1909, proved most successful in not only completely deodorizing the main reading room, and injecting fresh sterilized air into the rooms at all times, but it also thoroughly deodorized and sterilized all the books, publications, shelves, racks and tables.

Instruments may be sterilized without heat or moisture, by means of Ozone. This is accomplished in a short time, the period depending on the strength and moisture of the air-ozone mixture.

It is a fact, however, that the bactericidal and germicidal action of Ozone is materially enhanced by the presence of moisture. Dr. Ohlmuller[7] in a report to the German Government said, "that if both the bacteria and Ozone be dry, no effect on the bacteria was apparent. With the bacteria dry and Ozone moist, Typhus bacilli were destroyed in thirty minutes." Quoting further, he says, "Typhus, Cholera and

Anthrax placed in distilled and sterilized water were quickly destroyed." Dr. Wm. Hallock Park[8], of New York, in a letter to Dr. Morton of that city, reports an experiment in which he placed Ozonized air into a test tube containing a watery suspension of staphylococci. The Ozonized air was passed into the mixture for five, ten and fifteen minutes. The cloudy fluid seemed to be come clearer under the action of the Ozone. The result showed that in the shortest trial all of the staphylococci were killed.

Dr. Emil Schnee[9], of Carlsbad, subjected Anthrax cultures to the action of Ozone at blood heat, passed through a special disinfecting apparatus. The cultures were placed on small porcelian saucers. The bacilli and spores were destroyed in half an hour. The same results were obtained when the cultures were inclosed in thin tissue paper.

Oberdorfer's[10] experiments slowed conclusively that Ozone was germicidal as well as antiseptic in the treatment of Bacillus Prodigiosus, Spirrilum of Asiatic Cholera and of Anthrax spores.

Dr. Morton says, "Many observers have maintained that it is due to Ozone alone that the multiplication of germs of epidemic diseases is prevented. They claim that the spread of epidemic diseases is caused by the absence of or a diminution of the normal quantity of Ozone in the atmosphere, and is coincident with the appearance of Diphtheria, etc.

Plants for the purification of water by means of Ozone are in successful operation in Paris, Nice and Chartres, France, in Paterborn and Weisbaden, Germany, in Schiedan and other Holland towns, and in the United States in Philadelphia, Pennsylvania, Baltimore, Maryland, and Ann Arbor, Michigan. The Philadelphia plant was the first established in the United States and is said to be very successful from a hygienic point of view. The water is taken from a turbid, sewage poluted river and is transformed into a "clear sparkling fluid" which bacteriologists claim is practically free from bacteria[12].

Writing in the Asclepiad in 1890, Dr. W. B. Richardson[6], of London, said, "In my essay describing the model city, Hygeiopolis, it was suggested that in every town there should be a building like a gas house in which Ozone should be made and stored, and from which it should be dispensed to every street or house at pleasure. This suggestion was made as the final result of observation which had been going on since I first began to work at the subject in 1852."

"It occurred to me from the moment when I first made Ozone by Schonbein's method that the value of it from a hygienic point of view was incalculable. To my then young and enthusiastic mind it seemed that in Ozone we had a means of stopping all putrefaction, of destroying all causes which produce the great spreading of diseases; and al-

though increase of years and greater experiences have toned down the enthusiasm, I still believe that one of the most useful fields for investigation remains almost unexplored."

Dr. Onimus, made some experiments at Marseilles during a cholera epidemic in order to satisfy himself and to establish, if possible, the therapeutic value of Ozone in the treatment of Cholera. An Ozone generator was used in one ward, while another, for comparison was kept free of Ozone. Dr. Onimus found that fewer deaths occurred and that the patients were far more comfortable in the ward supplied with Ozone.

I find, after canvassing available literature, reports from eleven physicians, who treated 108 cases of Asthma, all of which were relieved and over 50 per cent of which were permanently benefited. Thirteen physicians treated 309 cases of Anemia with markedly beneficial results. Eleven physicians report also immediate and lasting benefit in treating of 160 cases of Insomnia. 63 patients suffering from Mal-nutrition are reported by seven physicians with marked benefit in all cases. Fifteen physicians report the treating of 543 cases of Tuberculosis with permanent benefit in a percentage large enough to astonish those not acquainted with Ozone Therapy. 389 cases of Neurasthenia, treated by twelve physicians were all benefited and a considerable per cent derived permanent good from the treatment. 256 cases of bronchitis are reported by ten physicians, with uniformly excellent results.

The evidence in the above summary of cases was obtained from many different sources and the results obtained are substantiated by my own experience with Ozone by inhalation.

Ozone may be exhibited in any and all diseases, acute or chronic, in which we find under-oxidization or where there is a poverty of blood function; not as a specific but as a rational treatment for a condition constant in all chronic and frequent in many acute diseases.

Ozone is particularly useful in those "old" cases, which have defied medication, surgery, change of climate, travel, the "Baths" and "Treatments" of various states and countries. In these cases, of which we all have tried, Ozone, the adjuvant, seems to bring out and emphasize other treatment. Drugs act more potently when Ozone is given and other prescribed measures bring the expected, hoped-for results, which have not been previously realized.

Ozone is a near specific in Influenza and acute infections of the air passages and has been the sole treatment of many cases of Pneumonia followed by happy results.

For the sedentary business man, who takes little or no out-door

recreation, Ozone provides the benefits of mountain and ocean air at home without, of course, the change of scenery and environment.

It may supplant oxygen in all emergencies in the sick room and operating room, and, because of its highly germicidal properties tends to prevent postoperative pneumonia.

In New York City several hundred physician's offices are equipped with Ozone apparatus. In all of the Eastern cities and in Europe, Ozone is looked upon as a valuable aid in therapeutics. Everywhere it is fast gaining its deserved popularity with the profession. This popularity is not due to exploitation but as a result of practical tests in every day practice. The therapeutics of Ozone has had a gradual development. It has lacked the publicity attendant upon the announcement of some new discovery yet Ozone stands today, in its yet undeveloped state, the remedial agent with the widest range of action.

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Thomas Nelson & Sons of New York, publishers of Nelson's Loose Leaf Encyclopedia, report that there are twenty-five buildings in the City of New York in which Ozone generators have been installed for the purification and sterilization of the atmosphere and that the air conditions in the buildings in which these generators have been installed closely resemble the conditions existing at the seashore.

The air in the green room of Keith & Proctor's Theatre, Union

Square, New York is rendered pure and fresh and all odors and stuffy, foul air conditions are absolutely eliminated by the use of Ozone produced artificially. The Chicago Telephone Company has installed twenty-one Ozone generators in their operating rooms and report that the air has been rendered absolutely fresh and pure and that the mistakes among the operators since the installation of these generators have been reduced to the minimum.

The Chicago packing houses are utilizing Ozone, produced mechanically, for the elimination of odors of warm blood which permeate their entire plants. The Frankfort Slaughter Houses at Frankfort, A Main, Germany, and the Municipal Slaughter Houses in Cologne are using Ozone generators for obliterating odors in their cold storage plants due to immense quantities of meats stored there.

Dr. Linder, Ph. D. reports an interesting experiment as follows: a sample of air, 2140 centimeters was taken from the custodian's room in the city hall in Chicago and showed 101 Bacteria per liter. Some little time after an Ozone generator was placed in operation, a second sample of air, 2093 centimeters, was taken from the same room, which showed a Bacterial content of 65 per liter, representing a decrease of 36 per cent due to ozonination alone.

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## SOME PRACTICAL HINTS ON TUBERCULOSIS.

S. R. KLEIN, M. D. PH. D., M. A., VALHALLA HOSPITAL, NEW YORK.

Formerly Professor of Histology and Embryology Fordham University Medical School, N. Y. C.

Professor Ribbert of Bonn, Germany, in a paper, read at the International Congress of Hygiene in Berlin, came to the following conclusions:

There is considerable difficulty in experimentally showing the respiratory method of tuberculous infection.

In natural contagion dry dust containing the tubercle bacillus does not play any role in infection.

Ingestion of virulent tuberculous material or cultures in fine liquid emulsion constantly, succeeds in producing tuberculosis in all susceptible animals. The bacilli can be absorbed by the intestinal mucous membrane without producing any lesion. They are carried by the chyle to the mesenteric lymph glands. Thence they are carried by the macrophages along the thoracic duct to the blood circulatory system. The capillaries of the lung are most exposed to infection and this explains the frequency of pulmonary infection.

The course of tuberculosis infection is the more rapid and grave according to the number of virulent bacilli absorbed, and greater when the absorption occurs at frequent intervals. A closed t. b. lesion resulting from a single infection is capable of cure, with a resulting immunity.

Inherited tuberculosis is rare, results always from infection in utero, and is of little importance as a factor in the origin of tuberculosis.

The notion of t. b. soil or predisposition should be abandoned, as it has been shown by experiment that infection is always possible in susceptible animals and it bears a direct relation to the number of virulent bacilli absorbed and to the frequency of the inoculation.

## MUSCLE BALANCE VS. DUCTION TESTS.

FRED C. LA GRANGE, DENVER, COLO.

Phoria tests, such as Maddox rods, split prisms, cone prisms, etc., are vain attempts to find the anatomical position of rest, and though constituting a part of the regular routine in nearly all oculists' examinations, the findings rarely influence the final prescription. We do occasionally find eye men, usually beginners, incorporating their phoria findings in prescriptions without reference to the clinical effect it may have on the future of the muscles under consideration.

The therapeutic or clinical value of all lenses may be classed into two groups, namely, Sedative and Stimulative. All forms of plus act as a sedative to the ciliaries, and all minus have the opposite effect.

The base of every prism is a sedative to the nearest extra-ocular muscle, and the apex a stimulant.

To prescribe prisms bases out is a thing which is incompatible with sound judgment in any case, excepting perhaps cross diplopia arising from paralysis of one of the externi, and even in those cases results have hardly been sufficient to justify the means.

The effect of the prisms (bases out) as indicated to give binocular fusion at twenty feet undoubtedly is in some cases a marked temporary relief, but the consatnt forming and reforming of physological angles of convergence, essential to binocular near vision, under the stimulus of the prisms so placed, results in a still stronger interni and eventually a call for stronger prisms, as the clinical effect is to sedate the weak externi and virtually constitute an exercise for the already too-active interni.

On the other hand we have a class of oculists who are afflicted with what might be termed "prism-phobia;" their contention being founded on the fact that the majority of ocular inbalances have their origin in some form of ametropia.

Their failure to understand and appreciate physiological compensation leads them into many errors, the most ludicrous being a declaration that all prisms are positively harmful, and at the same time unconsciously prescribing thousands of pairs of the most harmful kinds of prisms (bases out) through failure to allow for convergence in the adjustment of pupilary distance in spectacle frames.

Inasmuch as all lenses are prisms or combinations of prisms, 8 mm. of decentration, gives approximately one degree of prism for each dioptric or sphere or cylinder at right angles to its axis. Consequently, if the optical centers of the lenses correspond to the optical centers of the eyes, at infinity, the patient has prisms bases out for all finite distances, the power of the prism increasing in proportion to the proximity of the object.

Vertical prisms are absolutely essential in a percentage of cases, and the effect quite permanent, owing to the fact that their first intention is not neutralized by anamolies of accommodation and convergence; still we must not ignore the possibility of harm arising through over-stimulation of the already strong muscle.

Prisms, bases in, constitute one of our most powerful allies in getting relief from asthenopia for the simple reason that there is no such thing as negative convergence, hence never any actual demand for divergence of the visual axes. Such prisms by virtue of establishing an artificial binocular, afford us a pure sedative for the neurosthenic or hysterical patient, conserving nervous energy and lowering blood pressure without the harmful reaction characteristic of drug hypnosis. That the real anatomical relative position of the eyes is divergent, is apparent from a manifest ocular divergence in the cadavor, in sleep, fits, drunkenness, imbecility and general anasthesia. This leads us to believe that the binocular is a not-yet fully developed faculty in man, no such faculty being present in the lower animal kingdom.

We can conceive that pre-historic man was more nearly related to the lower order of organic life, and had in the beginning no use for binocular vision, requiring on the contrary the same ability that animals still possess for a wider range; ability to see backwards, as it were, for self-preservation. In the course of time, mankind built houses, means of defence, constructed weapons of offence, took up the trades, arts and crafts which autogeniously created a demand for concentrated binocular vision.

My foundation for this line of thought lies in the fact that as the scale of intelligence ascends, so does the evidence that a more nearly perfect binocular faculty, beginning with the chicken, which is the lowest in brain capacity among domesticated animals, and ending with the shepherd dog, which has probably the highest.

Savages have little, and in many cases, no binocular powers whatever.

Following this line of reason leads me to believe that a good binocular faculty is essential to a high order of intelligence. In testing the physiological power of the extrinsic muscles and tabulating the symptoms of thousands of cases in hundreds of localities remote from each other, I find that the chief symptom of weak convergence are absent-mindedness, lack of concentration, melancholia, lack of self-confidence, occipital headaches, insomnia, and so on through the gamut of neurotic exhibitions.

*The majority of these cases present no pathological lesions.* They are beyond the field of ordinary medicine and surgery, but very many do get decided, permanent good results from either artificial con-

vergence or development of the natural binocular powers through exercise or both, when intelligently applied.

True exophoria sometimes simulates esophoria through tonic contraction of the interni. Given a weak interni, the strain incident to prolonged application of the eyes in their work results in a failure to relax for infinity, hence apparent cross diplopia. This effect is analogous to hyperopia simulating myopia through space of accommodation.

Insufficiency of the superior or inferior rectus does not always manifest itself in phoria tests, as is shown by cases with apparent normal balance at infinity, manifesting a high degree of insufficiency in the sursum-duction test. Cyclophoria is the most uncertain of all muscle balance tests, on account of the acute sympathy the obliques have with the recti. Cycleduction is a term I have coined to designate the physioligocal power of the obliques, and has the advantage of determining the ability of the obliques to perform their allotted tasks in the act of vision without undue loss of nervous energy.

All persons blessed with the seeing eyes are endowed with sixteen muscles which participate in the act of vision. Two intra-ocular, the cilliary and the iris. Six extra-ocular, four recti; and two obliques for each eye. Each of these has not only its own particular function, but must maintain a delicate relative attitude towards each other.

Good, comfortable vision is as much dependent on perfect binocular adjustment as on retinal focus. The call for inervation is more incessant and inexorable than for any other faculty, which probably accounts for the rapid increase of asthenopia (which is in many cases the initial stage of much insanity) among civilized naitons.

Note the enormous difference in the prevalence of asthenopia and mental troubles between savage and civilized races. Not the absence of insanity among the blind. Note that in extreme physiological suffering of any kind, how nature kindly compels the eyes to close in order to conserve nervous energy to withstand the strain. Note the inability of certain types of insanity to control extra-ocular movements. Note the relation of the eye to digestion; see if you can enjoy fully an otherwise tempting morsel of food which you have never beheld.

Ability to maintain normal vision without undue loss of nervous energy depends not so much on ideal anatomical conditions, as upon the intrinsic physiological power of the eye muscles. Thus one individual may be hyperopic without cilliary strain, and another suffer from accommodative asthenopia in the absence of any error of refraction. All eye muscles, excepting those paralyzed, are susceptible to development of power by intelligently applied ocular gymnastics. The argument that the student's eyes are already over-exercised is fallacious when we consider that any muscle doing just so much of any

one thing from day to day becomes mechanical, limited to the particular amount and kind of work to which it has become accustomed, and like all machines, subject to gradual deterioration.

To perform any task without fatigue requires reserve force, and it is the establishment of this reserve force which we aim at in ocular gymnastics.

Morbid anatomy does not necessarily involve morbid function, and on the other hand, morbid function sometimes results in pathological conditions which in turn cause histological changes. The conscientious surgeon attempts to modofy anatomical and structural conditions, only in proportion to their liability to produce harm; in fact, he seldom has the opportunity. Ametropias, deflected septums, hypertrophied tonsils, etc., are not necessarily malignant. Physiological compensation is ever attendant on physical defects. Evidence that Nature is very kind is offered by the tobacco chewer, who wastes ten times as much saliva as one not addicted to the habit can possibly secrete, and yet suffers not from indigestion.

The apparent digression in the last few paragraphs is simply a protest against the common practice of correcting ametropia, with no other warrant than that the suspicion that it may have something to do with the patient's trouble.

## RED CROSS.

The American Red Cross desires again to invite attention to the exhibition in connection with the Ninth International Red Cross Conference, which will be held in Washington, D. C., from May 7 to 17, 1912.

The exhibition will be divided into two sections, which will be styled Marie Feodorovna and General. The former is a prize competition, with prizes aggregating 18,000 rubles, or approximately $9,000, divided into nine prizes, one of 6,000 rubles, approximately $3,000; two of 3,000 rubles each, and six of 1,000 rubles each.

The subjects of this competition are as follows:

1. A scheme for the removal of wounded from the battlefield with the minimum number of stretcher bearers.
2. Portable (surgeons') wash stands, for use in the field.
3. The best method of packing dressing for use at first aid and dressing stations.
4. Wheeled' stretchers.
5. Transport of stretchers on mule back.
6. Easily folding portable stretchers.
7. Transport of the wounded between warships and hospital ships, and the coast.
8. The best method of heating railway cars by a system independent of steam from the locomotive.
9. The best model of portable Roentgen apparatus, permitting utilization of X-rays on the battlefield and at first aid stations.

The maximum prize will be awarded to the best exhibit, irrespective of the subject, and so on.

The General Exhibit is again divided into two parts; the first will be an exhibition by the various Red Cross Associations of the world. The second will be devoted to exhibits by individuals or business houses of any articles having to do with the amelioration of the sufferings of sick and wounded in war, which are not covered by the Marie Feodorovna Prize Competition for the year. While the American Red Cross will be glad to have any articles pertaining to medical and surgical practice in the field, it is especially anxious to secure a full exhibit relating to preventive measures in campaign. Such articles will be classified as follows:

1. Apparatus for furnishing good water in the field.
2. Field apparatus for the disposal of wastes.
3. Shelter such as portable huts, tents and the like, for hospital purposes.
4. Transport apparatus (to prevent the suffering of sick and wounded) exclusive of such apparatus as specified for the Marie Feodorovna Prize Competition.

As with the Marie Feodorovna Prize Competition, for this country only articles having the approval of the Central Committee of the American Red Cross will be accepted.

Diplomas will be awarded for exhibits in this section of the exhibition as approved and recommended by the Jury.

Further information may be obtained from the Chairman, Exhibition Committee, American Red Cross, Washington, D. C.

It is perhaps to apparatus having to do with prevention of disease in armies that the energies of Americans have been specially directed since the Spanish-American War. Therefore, the last mentioned section of the Exhibition should make an appeal to them.

## THE PROTECTION OF CHILD LIFE.*

CHARLES O. PROBST, M. D., COLUMBUS, OHIO.

The child comes into the world naked and helpless. Without prompt aid to warm and nourish, it must perish. For a considerable time it is powerless to feed itself, and for years is unable to earn or procure necessary food and clothing. It must be taught a thousand and one things to enable it to become a self-supporting, useful citizen.

This needful care has been left largely to parents. The state so far has assumed more or less careful or protective charge of abandoned children only.

While nature shows great prodigality in perpetuating plant and animal life, the terrific waste of child life would seem to be largely unnecessary. Three hundred and seventy-five thousand infants under one year dying annually in this country calls for attention. It is a disgrace to civilization and a reproach to preventive medicine.

Well planned campaigns for the reduction of infant mortality have already achieved marked success in a number of cities. It is largely a question of clean milk and properly instructed mothers.

To secure these is a difficult problem, and especially in large cities. Milk comes in from hundreds, and for some cities from thousands, of farms, some of it from long distances. Originally clean milk, without ice, which the very poor cannot afford, may become poisonous before it reaches the baby consumer. Mothers of the poor and ignorant classes are entirely unfit for the proper care of a baby, and especially a bottle fed baby. Poverty often drives these poor mothers to work, and breast feeding is cut off even where physically possible.

Should it be considered a governmental function to assume control of these conditions and remedy them, as far as possible, or should we leave it to philanthropic societies? Both forces are at work. Baby dispensaries and visiting nurses are supported by public funds, administered by the health authorities in New York City. In Cleveland this work is being conducted by private charity.

It seems to me that the saving of human life should be left largely to governmental agencies. Human life, which means productive energy, should be regarded as one, the main one in fact, of our natural resources.

Professor Irving Fisher, in his report on national vitality, considers a human life at birth to be worth to the state $90, and at five years to be worth $950. Leaving out all other considerations for saving human life, why should the state wait upon uncertain and fitful private charity to combat this gigantic financial loss?

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*Reprint of a paper read before the meeting of the Ohio State Medical Association, 1910.

What could the state do in a practical, effective way? Without proposing new measures, which would, however, doubtless be evolved, the state could greatly extend and perfect measures that have already in a limited field proved effective. These are, control of the milk supply, education of dairymen and parents.

An advanced thinker, a member of the last Legislature, in speaking in favor of a medical school inspection bill, said, "I have long advocated that the child belongs to the state and that the parents are merely its trustees."

On such a platform the state could do much. The state could regulate the construction of dairy barns by prescribing minimum sanitary requirements. This is done in some countries. It could regulate the production and shipment of milk. It could place one or more competent and honest inspectors in each county to enforce its requirements. These might at the same time be dairy experts and give instructions to dairymen

The State of Maryland some years ago had a state dairy exhibit which attracted many thousands of visitors. The state might have a traveling dairy exhibit along the lines of a tuberculosis exhibit, with competent lecturers to instruct the people regarding the dangers from impure milk and how to avoid them. It could teach this very thoroughly to the older school children, of which more anon.

The State of Pennsylvania is maintaining 114 free dispensaries for treatment and instruction in tuberculosis. It might maintain any sufficient number of baby dispensaries. It could go into the pure milk business for babies, if necessary. Rochester, New York, did this with most favorable results. In New York City every child born in certain districts is visited by a trained nurse, paid by the city, who instructs the mother in the care of the baby.

In a democratic country the state can effectually do only such things as the majority of the people are in favor of. To try out reforms of the nature here suggested, we must have public opinion to support them. A radical change in public opinion which requires not only a change in the ideas and habits of generations but the expenditure of large sums of money, comes very slowly. We are bound like Gulliver, by little threads of opinions and habits which hold and cross us in every direction.

I am about convinced that we would make much more rapid advances in all lines of health work if we were to stop trying to teach old dogs new tricks and turn our attention largely to the school children. The trouble is that the great mass of men and women are still children in their lack of information and erroneous ideas regarding health matters, and will not take time to learn.

What I suggest would mean a radical change in our school system, although along lines that have already been started. I realize, of course, that such change can come only from a change in public opinion, and I have already stated how difficult this is to bring about.

I am convinced that a large part of our losses in health and from premature death, is due to ignorance that might be largely removed by adequate instruction in our schools and colleges. I recently had occasion to propose to the School Masters' Club of Michigan that one-half of the time in the upper grade schools and in colleges, be devoted to instruction in hygiene and sanitation, and physical education. The proposition was not laughed down, as I half expected, but was favorably commented upon by the president, who is also a college president.

Such a plan contemplates a new man in school life—a school physician. It means medical supervision and not merely medical inspection of schools. The school physician should be specially trained for such work, and should be a successful teacher, for he should have charge of, and should conduct some of the classes in hygiene and sanitation. Apparatus, models, charts, drawings, lantern slides, et cetera, would enable him to show many things talked about. He should give all his time to the work, and have equal authority with the school superintendent. He should direct play and exercise and control the child in all matters, affecting its health.

I recently witnessed class gymnastics for girls in Ann Arbor University. I was told that a considerable number of the girls had to be given special corrective exercises to overcome or lessen physical defects. Few of our girls reach the university; and how much easier it would be to correct defects earlier. Defective posture changes the rightful position of important organs and must more or less interfere with their proper functions.

School nurses should be provided, and already are in many cities, to help the school physician correct home conditions.

Some of our European schools, especially in France, are now furnishing free, or at a small cost, nourishing meals for underfed children. A kitchen and dining room might well be attached to some of our schools in slum districts.

Our juvenile courts might require parents, when able, to pay for a noonday meal at school. When not able they might be charged to the pupil, to be paid back later in life where possible. This would furnish occasion to teach moral obligation and a spirit of independence; and I am willing to believe that in most cases the money would be refunded.

These measures may seem impossible of attainment, but each of them is now being carried out to some extent in some city or another.

The one most lacking is in giving adequate instruction in hygiene and sanitation.

Hygiene is taught to some extent now along with physiology and the effect of narcotics. This study, forced into the schools by the Woman's Christian Temperance Union, is distasteful to most teachers, because they realize that they have but little knowledge of the subject. Children are often given ridiculously erroneous ideas in regard to health matters. I will admit, however, that the text books have improved and that the subject matter is better presented than formerly.

With a school physician to take charge of this work the study of health matters could be greatly extended. It would seem to me possible, given sufficient time, to thoroughly instruct every school boy and girl above fourteen years in the broad principles of municipal sanitation. The necessity for a pure public water supply, and how to obtain it by filtration or otherwise; the purposes and advantages of a sewerage system and the necessity for sewage purification in certain cases; street paving and street cleaning; parks; regulation of markets and food supplies, and many other features of municipal life that will effect the future health of those so instructed, could be presented in a comprehensible way.

Domestic hygiene and sanitation should have special attention. How many men and women know the requirements of a healthful home? In personal hygiene the young children should be taught to do rather than know certain things.

In the high school, and still more in colleges and universities, the subject should be still farther extended. The economics of sanitation, and its relation to sociological and other broad problems of government, should be fully presented.

Most of our school books might be utilized to teach health subjects. Sums in arithmetic could deal with sanitary problems as well as with interest or land measurements. For example, if a school child requires 2000 cu. ft. of fresh air per hour, how much air will 40 pupils require in 5 hours? If a circular air duct 40 inches in diameter supplies this air, how many feet per second must the air travel? So a large number of questions relating to light, floor space, water supply, sewerage, food, etc., might be utilized in teaching arithmetic to call attention to health requirements.

In the study of geography the use of differently colored maps might show, for instance, the relative prevalence of tuberculosis in different countries. The contrast between England and Ireland, and the reasons for the much higher death rate from tuberculosis in the latter country, would serve as a basis for an interesting lesson in tuberculosis as well as in the habits and characteristics of the people of Ireland, which, after all, should be included in civil geography.

In teaching history the great plagues could be recalled to show the blessings improved sanitation and vaccination have already conferred upon mankind.

What more marvelous or more interesting story could be written than Reed's work in yellow fever? And if great deeds are to be chronicled to inspire patriotism and love of mankind, why should the heroes of needless, godless wars, with their terrible losses of life, be selected rather than the heroes of life-saving, preventive medicine, who have laid down their lives in battling against, or in searching for, the cause of pestilential diseases?

In making the somewhat bold suggestion that half time might be given to physical education and the study of hygiene and sanitation, I had in mind the possibility of working into many of the school books, beginning with the primer, various axioms, problems, and historical and other matters relating to health. As the main object of school education is to cultivate and develop the mind, I see no reason why a great variety of health subjects would not as readily lend themselves to this object as many others now made use of which are of much less importance to the individual and to the state.

If such instructions were thoroughly carried out for two or three generations, there would undoubtedly follow great improvements in all matters affecting health. If we had to deal with presidents, members of Congress and Legislature, members of council and school boards, who had themselves been given such instructions, our efforts for a National Health Department, for pure food and drink, and for medical inspection of schools, for adequate building laws, and for many other things the medical profession and sanitarians have been striving for in the interest of public health, would be vastly easier of attainment.

Let us begin now to educate in health matters the grand-parents of children to be born fifty years hence, as advised by Dr. Holmes.

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## DIVISION OF FEES.

F. W. TAYLOR, M. D., UTAH STATE MEDICAL SOCIETY.

We take pleasure in publishing an extract from the presidential adddress of Dr. F. W. Taylor of the Utah State Medical Society, 1911 as follows:

There is no question that is agitating the profession and laity so much as the vital topic of the division of fees. The public are now demanding, and will make their demands more forceful in the future, that this question be settled honorably by the profession. If it is not done by us they will do it for us. Surely, when the current magazines are printing articles on the evils of the secret division of fees by the medical profession it is high time we were taking the subject up in

earnest. Here is a quotation on the subject of secret division of fees from Pearson's Magazine, September, 1911. It should be read by every medical man:

"Another trouble has come to roost. It has been sick and half-blinded and hiding in the dark, and, like most of our other troubles, there have been many scarecrows set up to keep it from alighting on the perch of public opinion. But even the doctors admit now that only the strong winds which blow off these uplands can make it well. And the doctors ought to know, for the trouble lies in the medical profession itself. For years it has had a secret disease and the men who are accused of being over ready with the knife have temporized in their own case, when only a radical operation could save the whole body from corruption. They are temporizing yet, but they admit now that there is only one cure possible, and that is publicity.

"And it comes home to us for a better reason. It comes home at that terrific moment when a dear life lies in the hollow of a doctor's hand. It makes no odds to us that the doctors have agreed, we know the facts. We are the interested ones. We are vitally interested. There is not a single one of us who should remain ignorant another moment of how an honorable courtesy known as 'medical ethics' has been the motif of a farce—a curiously sinister farce, one attended by daily tragedies.

"Be it understood first this is not an attack. No one but a prejudiced fool attacks the medical profession. Rather it is a high duty. We have all felt security in the cool, sane, courageous man who has come to us in our hour of need. We owe him a debt we can pay completely in only one way. Summon our sanity and courage and go to him in his trouble. He needs us. In our hands, fortunately, the remedy lies in common sense and fresh air. We can cure the disease. In fact, we must cure it. The life of none of us is safe while it exists.

"The disease is called secret fee splitting and commission giving. The fee is split between the physician who gets a case and the surgeon or other specialist who performs the operation. It is universally condemned but nationally practiced. It is done behind the patient's back, and, being discovered, shatters that fine confidence in the man of medicine. Secretly carried on, it cheats all hands and puts the public at the mercy of unscrupulous men. It has grown up in darkness under the cover of 'medical ethics' and has lent itself to all the corrupting influences that the shifting human mind has been capable of inventing.

"Let this stand as a fact. There is unlimited proof. Fee-splitting is becoming so common in this country that the men who refuse to pass through the gate which is left open for them are beginning seriously to feel the effect. I have it from the biggest men in the profession. Many who are the most capable, the most high minded, with but a

single thought and that for the life of the patient, are finding their business going to charlatan."

Such, gentlemen, are the opening paragraphs to the article in the magazine. The question of the division of fees is a simple one if all the parties to the transaction desire to do right. The real problem is to eliminate the *parasite,* the fellow who wants something for nothing, fees without real helpful service.

There is no question of the fact that every skilled physician, surgeon or other specialist who has to do with a case should be paid for the work performed. The evil of the division of fees lies in the secrecy that has in the past been the rule among those who have been in the habit of dividing fees

This leads to the most vicious of all human traits, the selling of the patient to the highest bidder, irrespective of professional ability. This method is certainly demoralizing to all concerned. The patient is possibly denied the benefit of the best skill obtainable, may suffer and die merely because of a secret deal between the interested parties in the fees that may be had for the work done. The physicians who thus secretly divide fees lose all self respect; the confidence that should normally exist between the profession and laity is shattered, and distrust, fear, hate, and envy take the place of hope, love, confidence, and respect.

These are conditions that must not in any way be fostered nor tolerated by the medical profession. We should all strive to maintain the great art and science of medicine and surgery, keeping ever foremost in mind the interests, safety, and well-being of the patient, never descending to be mere traders and tricksters in human misery and woe.

No patient will be so unreasonable as to ask that service be rendered without proper payment, no matter if the service be rendered by physician, surgeon, other specialist or nurse. No division of fees must be thought of without the full consent of the patient, in fact, the presentation of a joint bill showing the patient just how much each party to the transaction is to receive. This will leave the patient free to engage the service of the best obtainable help and will protct him in his rights and repay the attending physicians for all services rendered. At the same time, it will fully protect the patient so that he will not be actually sold out to the highest cash bidder.

In a few words the whole question of the division of fees can be stated as follows: No division of fees between physician, surgeon, or other specialist, except for actual professional service to patient, by and with the consent of the patient and the presentation of a joint bill.

## THE DICHOTOMY PERIL.*

How this matter of fee-splitting arose, by what devious ways it finally arrived at its present formidable growth, would be footless to expound; nor would one out of ten readers agree with us were we to advance, with every show of reason, the causes, as we conceive them, for the luxuriance of this Canada thistle in our garden of blowing roses and lilies. But, at the present moment, the thistle is about as full-grown as it possibly can be, and though the physicians in our Eastern states may shriek from the house-tops that guilt should not be visited on their heads, since purity is the hall-mark of their careers, the fact remains that the practice of fee-splitting is quite democratic, and houses just as comfortably with the elect in the medical profession as with the rank and file, just as readily on the Atlantic seaboard as in the Middle West and the far West. Even Paris, representing the best and most enlightened thought of France, if not of the world, is not without this menace against probity and uprightness; for were it otherwise would the management of the Vaudeville theatre have accepted Dr. Henri de Rothschild's play "Le Caducee," which is a searching inquiry into the evils of dichotomy?

To throw the blame for an inroad into medical integrity on any one section of the country is by no meanss explaining how a hydra-headed monster arose and just what means should be used to vanquish it. If its birth was the outcome of a lust for money—and social philosophers in their criticisms of our sociology have dwelled time and again on this defect in our economics—great blame attaches to those in the medical profession whose cupidity is their outstanding quality. But, on the other hand, if the conditions are such in this country and also in Europe that the lesser man cannot eke out a living—a real living, not a bare subsistence—unless he commercializes his calling, then the conditions should be investigated, and some reform instituted so that all professions may retain their purity. The practice of medicine, save in our modern novels, is a means to an end; and surely the end is something better than a workman's wage. Even a workman's wage would not be so despicable if the physician were not compelled to keep up appearances: not a carriage and four, or a motor car, as we have it today, but decent dress, decent offices and a decent manner of living, so that the head can be held high and courage does not falter. Now we take it that this matter of fee-splitting must have started with the men who wanted all this before time and patience would grant it, and not seeing it forthcoming angled about for the wherewithal to gratify their desires. They could not engage in the selling

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*Extract of an Editorial, Interstate Medical Journal, February, 1912.

of merchandise as an adjunct to the practice of medicine, for that indeed would bring them into bad repute; but having the shrewdness which is born of keen desire, they thought the easiest way out of their financial difficulties was to imitate the methods of the business man—buttonhole a confrere, make overtures, and play on the weakness of human nature. And thus, we imagine, this blight started, but was that any reason for those in power to imitate?

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## SAFETY IN SURGICAL OPERATIONS.

G. W. CRILE, M. D., CLEVELAND, OHIO.

G. W. Crile, Cleveland (*Journal A. M. A.*, December 2), divides operations into two classes—those performed on patients in fair general health and those performed on patients with reduced vitality from injury or disease. As far as the first is concerned there is little danger as a rule, but these operations still bear a certain stigma, viz., a temporary nervous impairment following the operation. He thinks the surgeon is partly responsible for this outcome, which can be almost wholly avoided. The handicapped patient, on the other hand, whose surgical chances are impaired by any cause, furnish the mortality lists. They are alike in one important particular—they show a lessened vitality, and this has a physical basis as much as any other defect, and he finds this in the changes that have been produced in the nerve cells by fatigue, infections, injury, toxic influences, etc. Any operations which would present virtually no risks in the other class may easily prove fatal in this, and he asks what are the factors in a surgical operation that may turn the scale in these cases? The leading factors, he says, are fear, traumatic impulses set up in the course of the operation and the impairment of the immunity of the patient by ether anesthesia. Fear can be appeased or removed by tactful management, and in suitable cases by small doses, prior to the operation, of morphine and scopolamin. In external operations the damaging nerve impulses may be blocked and the brain protected by the local or intramural infiltration of novocain. The damaging reduction of the immunity in the acute infections may be avoided by the substitution of the innocuous nitrous oxid for nocuous ether. In operations such as abdominal ones, where the nerves cannot be blocked by local anesthesia, nitrous oxid anesthesia as compared with that from ether confers a high degree of immunity to shock, and all its limitations or shortcomings can be overcome or circumvented. In patients handicapped by starvation or hemorrhage a preliminary or simultaneous transfusion of human blood can obviate the desperate risks that would otherwise occur, and the same, he says, is true in those cases of accident, especially in crushing injuries, where the patient comes under the surgeon's hands in a state of grave shock. A transfusion usually rescues the patient. If there is post-operative hemorrhage, transfusion renews the surgical opportunity and may convert defeat into victory. Applying the two great principles, he says, of the conservation of energy by special technic during operation and transferring energizing blood to the patient we have in our hands new powers both of attack and defense. His own experience corroborates these statements, as by these methods he has reduced the mortality to less than 2 per cent in 2,410 operations under nitrous oxid in a general surgical service.

## COMMUNICATIONS.

### "DIVISION OF RESPONSIBILITY IN REFERRED CASES."

Burlington, Iowa, Feb. 5, 1912.

Editor Iowa Medical Journal:

With all that has been published of late on this and allied topics, in journals medical and lay, it becomes reasonably certain that this method of protecting the "little fellow" has reached the stage of public scandal; but that seems to be the only thing certain about it. That the practice of dividing the fee "with" or "without" goes merrily on in undiminished ratio can hardly be doubted, and at the present rate it cannot be long until we must face charges of incapacity or insincerity; for the means suggested to cure the greater evil do not prevent the establishment of a custom as full of temptations as the saloon business. Publicity is not a universal panacea, and the public knows it as well as we do.

The "respectability" argument is moreover based upon an untenable premise, namely: That the ownerhsip of a case does not pass when it is surrendered to another, admittedly better prepared to serve it and assuming a greater responsibility.

At a district medical convention some years ago it was my privilege to read a paper on "Some General Diseases Primarily Seen by the Ophthalmologists," and, confining myself wholly to those I had personally seen, I recounted cases of Bright's disease, diabetes, arteriosclerosis, neurasthenia, exephthalmic goitre, auto-intoxication, anemia, brain tumor, non-otitic brain abscess, tuberculosis, syphilis, and uterine disorders of various kinds, for whom my services ended in a reference to another physician, and as a rule the family physician.

On the ground that the case was mine and remained mine because I saw it first, made the diagnosis, and spent time (in some instances, considerable time, as well as money) in working it out, I was entitled to a valuable consideration from the one to whom the reference was made. In failing to make any such claim, as I invariably did, I must have been woefully blind to my rights; but I have not had the misfortune, so touchingly confessed by Dr. Kime, of making an enemy of my patient so referred. Had I made such an enemy I would have set it down as one of the "fortunes of war," consoling myself with the knowledge that my conduct would bear the most searching inquiry. With a part of my enemy's money in my pocket I would always fear the institution of a suit for damages, wherein I might have difficulty in convincing the jury that I had not sold my patient to the highest bidder.

On the ground that the case ceased to be mine the moment it was referred, I charged and as a rule collected a proper fee for the actual work done; escaped a responsibility that might have become so irksome that money would be no adequate recompense; and made friends both among the referred and the referrees.

Right here I wish to remind you that the words, "case" and "patient" are not interchangeable terms; ond those who so use them confuse the issue. I lost the "cases" referred, but among the "patients" who constituted them I number some of my most steadfast supporters; and the doctors to whom they were referred have as a rule returned the compliment.

It may be that my idea of the province of specialism is peculiar to myself; but it can be stated simply and seems to meet all demands. As it may serve to elucidate my argument, I append it:

Dr. A, residing in a city, prepares himself extensively for one particular field of work. He must necessarily neglect other fields in doing this. He thus naturally desires work in this field and not in the others. He gets the opportunity in this because Dr. B—, his neighbor, having made similar preparation for another field, cannot cover Dr. A—'s field. A courteous exchange is the natural result; and neither has any right to "tag on" to the other. Then comes Dr. C—, from the country, with a case that he is not prepared to handle. Here the opportunity for exchange can occur but seldom; but that does not change the "tag on" situation. If Dr. A—, or Dr. B— requires assistance, he must take the one best qualified to render it, regardless of Dr. C—; and, supposing it's an operative case, this assistance may or may not extend to the after-treatment as the operator elects. For the after-treatment frequently requires as much nicety of judgment as the operation. "Division of responsibility in referred cases" spells *peril* alike to the patient and the referree, unless the responsibility is divided with one equally prepared to manage the case.

Under these circumstances Dr. C— is entitled to all the courtesies that obtain between gentlemen, but no more; and when he accepts this situation he will more likely have his "patient" returned to him more steadfastly his friend than before, convinced that in his own fields (alimentary fevers, the exanthemata, diseases of the heart and lungs, and obstetrics) he is the expert that he really it. Should he not meet with this courtesy he has his recourse in subsequent reference to another. It might even be better if he designated no particular referree; but gave a list of a number of esteemed and competent men and left the choice to the "patient."

By renouncing the fields in which he cannot compete—the environment, except in rare instances, being prohibitive of all but emergency

surgery and rudiments of specialism, Dr. C— gives the community the strongest proof that he is just what he claims to be: a safe and sane doctor.

By hanging on after admitting that someone else can do more, he gives evidence of a mind narrowed by jealousy or touched with venality, and thus drags the standard of the profession in the dust.

I have not made the greatest success in the world, but what little I have attained I attribute to a strict regard for the dicta of an old time doctor, long since gone to his reward, whose example for industry and professional honesty has not been excelled by anyone I know. These dicta were: "You are beginning to be a doctor when you do two things, viz: When you get to the end of your rope say so, and let go: and when you can keep your hands off until you have a sasisfactory reason for doing something."

Yours truly,

H. B. YOUNG.

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Nevada, Iowa, January 4, 1912.

Dear Dr. Dorr, Editor Iowa Medical Journal.

At our Story county society meeting held January 3, 1912, the following officers were elected for 1912: President, Dr. B. G. Dyer; vice president, Dr. F. S. Smith; secretary and treasurer, Dr. H. D. Chamberlin; delegate, Dr. B. G. Dyer; alternate, Dr. D. M. Ghrist.

A very interesting paper by Dr. F. S. Smith on "The Relation of Nephritis to Cardio-Vascular Diseases was discussed by all doctors present. The matter of Charley Miller's fad, "Medical Freedom," was brought up and we decided to hold two or three meetings later during the year in different parts of the county, enlightening the public on the humbug, and his senseless chicanery. Please give us your ideas of the best means of doing this, whether by inviting the laity to a regular meeting of the Society devoted to an expose of the "Fad," or by getting some prominent layman to give a public lecture on the subject, or having a picnic during moderate weather and inviting the public and entertain them with the subject, or in some other way you may suggest, either in the Journal or by letter.

R. S. V. P.

Yours,

H. D. CHAMBERLIN.

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It seems to us that the handling of any public question such as Dr. Chamberlin mentions in his communication should be determined by local conditions. If the people were interested to the point where they would turn out to hear the matter discussed it would seem that an evening should be set aside and public announcement made or a de-

bate arranged between the physicians and those who are oppressed by lack of medical freedom.

A picnic at which free discussion between members and invited friends could be made a feature would do much to bring about a better understanding as we can usually make ourselves better understood in private conversation than from the stage.

Now that Story county has taken the matter up it might be well for all the societies to be ready to meet opposition by appointing some member who is a good speaker to look up the facts in the matter and be ready to debate the question any time it is brought up.

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**A Letter Like This Helps.**

Anamosa, Iowa, Jan. 12, 1912.

Editor Dorr: I am out of practice, have two sons in practice—one here and one at Waterloo.

I am 75—commenced at Waubeck in '63, moved here in '77. Now am about quit.

I always enjoyed the Iowa Medical Journal and wanted to see a copy again. It is fine, especially the first three articles.

I was operated on in June '07 and am well.

Fraternally,

H. W. SIGWORTH.

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# IOWA STATE MEDICAL SOCIETY.

## THE BURLINGTON SESSION.

May 8, 9 and 10, 1912.

Never before has the profession of the convention city been more united and enthusiastic than is Burlington in making preparations for the coming session of the Iowa State Medical Society. With Dr. Charles B. Frantz as chairman of the local committee of arrangements, nothing is being left undone to make the next session a memorable one in the history of the society. The slight disadvantage of location will disappear in the warmth of reception and in the completeness of all arrarngements for scientific work and social functions. Burlington promises to make the session the best in the history of the Society, and Burlington does things.

The scientific committee is pleased to announce that Professor George Dock, of St. Louis, will deliver the Address on Medicine, and that Professor S. C. Plummer, of Chicago, will deliver the Address on Surgery. To add to the interest of the work of the Section on Opthalmology and Otology Chairman Harkness announces that Professor

S. J. Kopetzky, of New York, will deliver an Address to that section, which, as has been the custom during the past few years, will convene in separate session. Section Chairmen Ely and Jennings report a splendid list of papers. Altogether, the outlook is most flattering for a great meeting.

## PRELIMINARY PROGRAM OF ENTERTAINMENT.

HEADQUARTERS HOTEL BURLINGTON

**State Medical Women.**

TUUESDAY, MAY 7.

Morning Program—Hotel.

Luncheon.

Afternoon Program—Hotel.

4:30 Auto trip with refreshments at Country Club.

7:30 Banquet, Hotel Burlington.

TUESDAY, MAY 7—8:00 P. M.

Meeting of Council and County Secretaries, at Commercial Exchange Rooms.

WEDNESDAY, Morning and Afternoon.

Scientific Program at Congregational Church.

3:00 P. M. Reception to wives of visiting Physicians.

7:30 P. M. President's Address at Church.

9:00 P. M. Organization of House of Delegates at Church.

9:00 P. M. Theatre Party for visiting Physicians. Entertainment consisting of exhibition of scientific films, etc.

THURSDAY, Morning and Afternoon.

Scientific Program at Church.

3:00 P. M. Reception or Theatre Party for wives of visiting Physicians.

7:00 P. M. River Excursion; Reception, Concert and Refreshments on board.

FRIDAY, Morning and Afternoon.

Scientific Program.

All meetings of House of Delegates after Wednesday P. M., will be held at the Commercial Exchange Rooms.

Thursday A. M. and P. M.—Eye, Ear, Nose and Throat Section at Commercial Exchange Rooms.

There is a possibility of Eye and Ear Section having a session Wednesday afternoon also.

# IOWA MEDICAL JOURNAL

A Monthly Journal
Devoted to the Interests of the Iowa Profession

E. E. DORR, M. D. Editor and Proprietor.

Subscription $2.00 per year, in advance.

"For Sale" and "Want" Ads, $2.00 each insertion. Write for Physician's Cards, $5.00 per year. Advertising Rates.

We request short papers and reports of cases from Iowa Doctors. All papers should be typewritten. Reprints furnished at cost and should be ordered when paper is sent us, as it saves expense.

We want papers from county societies.

**OUR PLATFORM.**

**The Improvement of the Health of Iowa People.**
**The Improvement in Hygienic Conditions in all Iowa Cities.**
**The Improvement of the Profession, Individually and Collectively, in the Art and Science of Medicine.**
**The Improvement in Legislation so as to require High Attainments of every Practician, regardless of his School or Pathy.**
**The Improvement in Organization, making every legally Registered Physician of Good Standing in his Community a Member of his County and State Society.**

Vol. XVIII Des Moines, February 15, 1912 No. 8

### Papyrus Ebers.

The translation of this ancient work has been accomplished by Dr. Carl H. Von Klein of Chicago.

Dr. Klein is associated with the John Crerar Library and has devoted most of the last twenty years in making the translation, and is now met by the very embarassing situation of having to raise the funds in order to offer it to the world.

The publication of the work will cost $5,000 and the venerable author has set to work to secure 1,000 subscriptions that he may turn to the publishers in order that the effort of his life may become a reality.

Six hundred subscriptions have been secured, and an appeal is made to the profession to come to the aid of Dr. Klein so the work may not be lost to the profession.

Here is an opportunity to help science as well as assisting a worthy translator.

Send in your subscription now and think of the pleasure it will afford the author now and you later.

**Dr. E. Luther Stevens.**

The permanent removal of Dr. Stevens from Des Moines to Florida calls for more than passing mention.

Dr. Stevens located in Des Moines twenty years ago, and was first associated with Dr. Woods Hutchinson, and through this early acquaintance a lifelong friendship has followed.

Ten years ago Dr. Stevens and the writer became office associates, and during this time hardly a day has passed that we have not been together. He was part owner of the Journal for two years, but feeling that he would prefer to use all his time in the practice of medicine, he relinquished his interest in the Journal. He never, however, lost interest in its welfare and was chosen by the State Society as their representative during the time this Journal published the proceedings of the Society.

Seven years ago Dr. Stevens was selected chairman of the legislative committee of the State Society and it was the following winter that he did such valiant work before the legislature inducing it to make an appropriation for the study of the conditions of tuberculosis in Iowa.

It was upon the report of the Board of Control, in whose hands the investigation was placed that the State Hospital for Tuberculosis was secured, but not without a large expenditure of energy by the profession headed by Dr. Stevens.

He was the leading spirit in the organization of the Iowa Association for the Study and Prevention of Tuberculosis in Iowa, of which the Hon. Wm. Larrabee was the president, and it was his determination that kept this organization alive until the state provided for incipient cases of tuberculosis.

He was president of the Polk County Medical Society and a charter member of the Des Moines Pathological Society, and an attending member of the State Medical Society, and has missed but few meetings of the American Medical Association.

He was president of the Associated Charities of Des Moines for a number of years and gave continuous and uninterrupted service to the flood sufferers and those in need during that period of flood six years ago. He and his associates secured the act of the City Council which permitted the people to vote upon the question of raising funds to protect the overflow districts, (which fund has been raised, but has been put to very little practical use).

Three years ago he induced a number of philanthropic citizens to aid in the organization of Ridge Camp, an outdoor place for the treatment of tuberculosis, and proved to the people of Des Moines the good that such an institution was to the community; proved it so satisfac-

torily that the Associated Charities took over the camp and with the assistance of the Drake Medical School, is carrying on the work that he started and maintained without a penny's revenue for more than two years.

This helpful spirit has manifested itself throughout his life, to his patients, his associates and the younger men in the practice.

It is our hope that his new associates will learn early of his large fellowship and human interest.

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### Mortality Statistics of 1910.

According to the Censis Bureau which reports on 58.3 per cent of the population. Total deaths, 805,412. Under the age of one year, 154,373, or 19 per cent; from one to two years, 1.8 per cent. Those dying under 10 years amounted to 235,262, or 27.7 per cent.

Tuberculosis caused 10.7 per cent of all deaths. Cancer caused 12.1 per cent of all deaths, and was most frequent between 50 and 59 years. 35 per cent of the deaths from tuberculosis occurred between 20 and 29 years.

Only 27.6 per cent of the persons over 90 years died of old age.

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### Does the Educational Propaganda Pay in Iowa?

It will be remembered by those taking part in the work of securing the State Hospital for Tuberculosis that the members of the legislature were skeptical of the figures furnished them regarding tuberculosis in Iowa.

They decided to make an investigation for themselves and so appropriated $1,000 for the purpose.

That was the best investment Iowa ever made for it lead to an annual appropriation of $5,000 which put two lecturers in the field and the statistics from the Board of Health tells the rest.

Deaths from Pneumonia in 1907 numbered 2439; in 1910, 1,880, a decrease of 559, or 23 per cent. This was undoubtedly due to the campaign for fresh air. This saving if it could be computed in dollars would mean a saving to the state of $837,000 assuming that one-half were of the wage-earning period, and that such an individual was worth to the state $3,000.

Deaths from Tuberculosis in 1907 numbered 1,661; in 1910, 1,474, a decrease of 387 or 23 per cent. Applying the same rule as above, there is a saving to the state of $579,000, or a grand total from these two diseases alone of $1,416,000 in a period of four years.

Carrying the computation farther it means a saving of $354,000

per year. Two per cent on this amount is $7,140, which is more than the appropriation made by the state.

If anyone is in doubt of the value of the work done through this appropriation he can get further information from the Board of Health or the Board of Control.

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**Interstate Medical Journal.**

In harmony with the policy of publishing "Symposium Numbers," at intervals, on timely subjects, the editors of the Interstate Medical Journal have outlined a number on "Diseases of the Digestive Tract" for March, 1912, as follows:

**ORIGINAL ARTICLES.**

Points in the Diagnosis and Non-Surgical Treatment of Duodenal Ulcer .....George Herschel, M. D., London
Proctoscopy and Sigmoidoscopy.....Prof. H. Strauss, Berlin
The X-Ray in the Diagnosis of Gastro-Intestinal Diseases.....Ludwig Kast, M. D., New York
Diagnostic Value of the Test for Occult Blood in the Stomach Contents and Feces.....H. W. Soper, M. D., St. Louis
The Diagnosis of Cancer of the Stomach, J. W. Weinstein, M. D., New York
Splanchnoptosis: Enteroptosis.....John C. Hemmeter, M. D., Baltimore
Some General Remarks on the Treatment of Gastric Diseases.....Jacob Kaufmann, M. D., New York
Intestinal Parasites.....C. C. Bass, M. D., New Orleans
Duodenal Alimentation.....Wm. Gerry Morgan, M. D., Washington

**COLLECTIVE ABSTRACTS.**

(*Critical Editorial Reviews of Recent Literature in Collective Form*)

Enteroptosis and the Enteroptotic Habitus.....Jesse S. Myer, M. D., of the Editorial Staff
Most Recent Therapy of Constipation.....William Engelbach, M. D., of the Editorial Staff
The X-Ray in Intestinal Diagnosis.....E. H. Skinner, M. D., of the Editorial Staff
Gastric Neuroses.....Sidney I. Schwab, M. D., of the Editorial Staff
Recent Surgery of Stomach and Intestines.....M. B. Clopton, M. D., of the Editorial Staff

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**A Country Doctor Passes on.**

When the history is written of pioneer Iowa there will be one character who will stand at the head of the list—the country doctor. One of them died in Smithland on the opening day of the new year, Dr. Charles Rice, and, like most of those who blazed the trail and fought the good fight to make this country what it is, he had to die before he was fully appreciated.

Dr. Rice was a man in the full sense of the word, a beautiful character. It was way back in 1872 that he came to northwest Iowa and to Smithland and save for a short time when he returned to his old home in New York state and a shorter time spent in Dakota, Smithland has

been his home ever since. Many are the stories that are now told of the goodness of this man, of the great heart, of his benevolence, of his ministrations to rich and poor alike and of his tireless devotion to the people. It is said of him that he never refused a call no matter what weather and no matter what physical discomfort and suffering it brought him and he never stopped to consider whether or not his patient could pay. He probably rode more over the hills of northwest Iowa than any other doctor in this part of the state, and everywhere he dispensed of the good cheer that overflowed his big heart. He might have been a rich man, but he was what is known as a poor collector and never pushed a collection in his life.

Dr. Rice was an honor to his profession and to the state. Many communities, and, in fact most of them, had pioneer country doctors of the same type, and we owe them a debt that can never be paid.—*Ex.*

## WANTED.

The State Library is short a number of copies of the Iowa Medical Journal, and as they are wanted to complete the files for binding, anyone having the numbers wanted will confer a favor by sending them in.

If they are sent to this office we will see that the Library gets them.

Vo l.3, Nos. 1, 6 and 8.
Vol. 4, No. 1.
Vol. 5, Nos. 3, 9 and 10.
Vol. 6, Nos. 2, 3, 4, 6, 7, 8, 9 and 10.
Vol. 8, Nos. 5, 6, 7, 8, 9 and 10.

## NATIONAL CONFEDERATION OF STATE MEDICAL EXAMINING AND LICENSING BOARDS.

Twenty-Second Annual Convention Congress Hotel Chicago, Thursday, February 29, 1912.

9 A. M.

1. *What A National Federation of State Boards Can Do.*
   Dr. Albert B. Brown, State Board of Louisiana. Discussion opened by President Charles A. Tuttle, State Board of Connecticut.
2. *What Should Be the Requirements for Membership in A National Federation of State Boards?*
   Prof. John Milton Dodson, Rush Medical College. Discussion opened by Prof. Alexander Lambert, Columbia University.

3. *Best Methods of Conducting State Licensing Examination.*
   Dr. George H. Matson, State Board of Ohio. Discussion opened by Dr. George M. Williamson, State Board of North Dakota.
4. *Medical School Equipment and State Board License Examination.*
   Prof. Frank Fairchild Westbrook, University of Minnesota. Discussion opened by Dr. Beverley D. Harrison, State Board of Michigan.

2 P. M.

1. *The Afternoon Session Will Be Devoted to Reorganization.*
   *The Following Committee Has Been Appointed to Draft A Constitution and By-Laws:*
   Chrales A. Tuttle, Chairman; George H. Matson, Secretary; Albert B. Brown, Wm. P. Harlow, and Nathan P. Colwell.
2. *Report of Committees.*
3. *Election of Officers.*
   Present officers are:
   President, Charles A. Tuttle, M. D., New Haven, Connecticut; Vice-Presidents, James A. Egan, M. D., Springfield, Illinois; A. B. Brown, M. D., New Orleans, Louisiana; Secretary-Treasurer, George H. Matson, M. D., State House, Columbus, Ohio.

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## WHOSE LITTLE BOY WAS HE?

An iron hoop bounded through the area railings of a suburban house and played havoc with the kitchen window. The woman waited, anger in her eyes, for the appearance of the hoop's owner. Presently he came.

"Please, I've broken your window," he said, "and here's father to mend it."

And sure enough, he was followed by a stolid-looking workman, who at once started to work, while the small boy took his hoop and ran off.

"That'll be four bits, ma'am," announced the glazier when the window was whole once more.

"Four bits!" gasped the woman. "But your little boy broke it—the little fellow with the hoop, you know. You're his father, aren't you,"

The stolid man shook his head.

"Don't know him from Adam," he said. "He came around to my place and told me his mother wanted her winder fixed. You're his mother, aren't you?"

And the woman shook her head also.—*February Lippincott's.*

## SOCIETY REPORTS.

### CLINTON

County Medical Society met in Clinton on February second at which time was held one of the most successful meetings in the history of the organiation.

The meeting was preceded by a bounteous supper and all of the members present were in a pleasant mood. A thoroughly enjoyable program was rendered and all are looking forward to the next meeting which will be held in Clinton on the evening of March 1st. The program will be given later.

### LEE

County Medical Society, at its meeting on December 27, 1911, at Ft. Madison, Iowa, elected the following officers for 1912: President, W. C. Kasten, Ft. Madison; vice president, J. M. Casey, Ft. Madison; secretary-treasurer, E. G. Wollenweber, Keokuk; delegate to State Convention, Frank M. Fuller, Keokuk; alternate, F. C. Roberts, Ft. Madison.

A very good program was rendered as follows: "A Few Things Every Doctor Should Know and Remember; With Especial Reference to Tuberculosis and Cancer," by Dr. C. F. Wahrer of Ft. Madison. "Report of a Case of Prolapsus Uteri With Complete Eversion During Labor," by Dr. C. O. Wilkins of Ft. Madison. "Some Consideration in the Treatment of Fractures of the Thigh and Leg," by Dr. F. B. Dorsey of Keokuk. "Hystero-Epilepsy," by Dr. F. C. Roberts of Ft. Madison. "Chronic Leg Ulcers and Their Treatment," by Dr. D. J. Meents of West Point, Iowa. "The Prevention of Typhoid Fever by Vaccination," by Dr. O. T. Clark, of Keokuk, Iowa.

### GREENE

County Medical Society met at Jefferson on January 24, 1912. Ten new members were admitted and officers were elected as follows: President, Dr. F. M. Dean of Jefferson; vice president, Dr. C. D. Enfield of Jefferson; secretary-treasurer, Dr. G. W. Kester, of Grand Junction, and delegate to State Convention, Dr. B. C. Hamilton, Jr., of Jefferson.

A committee was appointed to arrange for a big meeting on June 12, 1912.

### HARDIN

County Medical Society at its January meeting in Eldora, Iowa, elected the following officers:

President, Dr. C. C. Getham, of Eldora; Vice President, Dr. Bessie J. Garver, of Iowa Falls; Secretary, Dr. Wm. E. Marsh, of Eldora; Delegate to State Convention, Dr. N. C. Morse of Eldora and Alternate, Dr. T. J. Symington of Ackley, Iowa.

### MAHASKA

County Medical Society held its quarterly meeting in Oskaloosa on Wednesday, January 10, 1912. About fifty members of the association were present and enjoyed a very beneficial meeting.

The feature of the gathering being a treatise on the subject of Goitre, by Dr. C. B. Taylor of What Cheer, Iowa.

### APPANOOSE

County Medical Society met in Centerville on Tuesday, January 16, 1912. The following officers were chosen for the coming year:

President, Dr. J. L. Sawyers, of Centerville; Vice President, Dr. T. J. Case of Unionville; Secretary, Dr. C. S. James, of Centerville; Delegate to State Convention, Dr. E. E. Bamford, of Centerville.

IOWA AND ILLINOIS CENTRAL DISTRICT

Medical Association met in Davenport on January 11 with a goodly number present. An enjoyable and beneficial program was rendered.

MARSHALL

County Medical Society at its annual meeting at Marshalltown in January, elected Dr. I. D. Kauffman of State Center, as President. Vice President, Dr. Chas. W. Patton; secretary-treassurer, Dr. Ralph E. Keyser of Malshalltown; Delegate to State Convention, Dr. F. P. Lierle of Marshalltown.

MISSOURI VALLEY

Medical Society will hold its semi-annual meeting at Colfax, Ia., Thursday and Friday, March 21, 22, 1912; headquarters, Hotel Colfax.

The spring meeting of this association promises to be a notable one, in point of scientific interest, as well as in the important feature of social intercourse. The headquarters and meeting-place, where we can all be under one roof, is no small factor in bringing about a most congenial and satisfactory condition of mind and body. Hotel Colfax is a well-managed, high-class hostelry, where every want of its guests is anticipated.

Scientific interest is centered of course in the symposia. The first on "Diseases of the Kidney," will occupy all of one afternoon and evening, and will cover almost every phase of this most interesting class of diseases. Several of the papers will be illustrated with lantern slides.

The second on "Pulmonary Tuberculosis," will be equally interesting, and the men chosen for the various topics are those who have had large experience.

Dr. T. D. Crothers, the well-known authority on inebriety, will present a timely paper on "The Relation of the Doctor to the Alcoholic Question."

Below we present the list of papers whose titles have been received up to the hour of going to press::

SYMPOSIUM ON TUBERCULOSIS.

The Role played by the Dispensary in the Care and Treatment of Tubercular Patients, J. H. Peck, Des Moines.

The Present Status of Tuberculosis in Iowa, J. W. Kime, Fort Dodge.

The Treatment of Tuberculosis with Koch's Tuberculin, Dr. H. V. Scarborough, Superintendent State Tuberculosis Sanitarium, Oakdale, Iowa.

Further Observations of Cases of Tuberculosis Treated With Spengler's Immune Blood, Dr. Granville N. Ryan, Dr. Charles Ryan and Dr. D. G. Mendenhall.

The Economic Waste in Disability and Death Due to Preventable Disease, Rev. A. E. Kepford, Des Moines.

SYMPOSIUM ON DISEASES OF THE KIDNEY.

Diagnosis of Diseases of the Kidney, R. R. Hollister

Catheterization of the Ureters, Bransford Lewis and E. G. Mark (stereopticon slides).

Hematuria of the Kidney, Jno. Summers, Omaha.

Malformations of the Kidney, Daniel Eisendrath, Chicago.

Tuberculosis of the Kidney, Lewis Wine Bremerman, Chicago.

Surgical Kidney, A. C. Stokes.

Puerperal Thrombo-Phlebitis, Palmer Findley, Omaha.

Incipient Neuroses and Psychosis, W. B. Kern.

Arthritis Deformans, Arthur Steindler, Des Moines.

The Early and Late Diagnosis of Gastric Carcinoma, Walter L. Bierring, Des Moines.

S. G. Burnett and A. L. Skoog will present a symposium on "The Transcendancy of Migraine, Family Tree Illustrations" (stereopticon slides).

The Prevention and Treatment of Deformities of the Chest (stereopticon slides), H. W. Orr, Lincoln.

Caesarean Section for Placenta Previa, Donald Macrae, Jr., Council Bluffs.

Physical Methods of Treatment in Gastric Disorders, J. C. Waterman.

The Importance of Mixed Feedings, H. M. McClanahan.

Title unanounced, Wm. Jepson, Sioux City.

Title unannounced, R. A. Weston, Des Moines.

Longevity, W. H. Waugh, Chicago.

Medical Conditions in India, D. C., Bryant.

Typhoid Spine, with report of cases, W. O. Bridges.

Reservation of rooms at Hotel Colfax should be made at least three weeks in advance, to secure desirable accommodations, for while the hotel is very commodious and ample room is promised all who attend, the choicest rooms will be assigned those who make early request. State whether you desire rooms with or without private bath, and how long you wish to remain. Many of our members are planning to take their ladies and remain over Sunday, thus affording time to visit the clinics in Des Moines, as well as to get better acquainted with one another. Write to Hotel Colfax direct, or to Dr. Granville N. Ryan, Chairman Arrangement Committee, Des Moines, Iowa.

CLINICAL DAY MARCH 23.

8 -9—A. M. Orthopedic Clinic, Dr. Steindler; G. U. Clinic, W. A. Weston.
9-10—A. M. Surgical Clinic, A. P. Stoner and H. A. Minassian.
10-11—A. M. Surgical Clinic, J. C. Rockafellow.
11-12—A. M. Surgical Clinic, Wilton McCarthy.
12:30—Lunch at the new Randolph, by the Polk County Medical Society.
2 -3—P. M. Medical Clinic, J. T. Priestley.
3- 4—P. M. Medical Clinic, W. L. Bierring.

A grand ball will be given at the Hotel Colfax Saturday night.

The committee on arrangements consists of the following:

Dr. A. P. Stoner, Dr. Daniel Glomset, Dr. Robt. G. Davis, Dr. J. V. Strawn and Dr. Granville N. Ryan, Chairman.

Dr. L. W. Littig, President Iowa State Medical Society, of Davenport, has consented to give the address of welcome.

POLK COUNTY MEDICAL SOCIETY.

Polk County Medical Society held its first meeting of the year at the Savery hotel, January 30. The condition of the Des Moines water supply was the main topic for discussion and it seemed to be a very prolific one.

Mr. Robert N. Kinnaird, B. S., Sanitary Engineer of the water company, gave a very interesting account of the system, its plan of securing water, the natural resources and a comparison of the health conditions that exist here and in other cities in which public service water might in any way influence the health of the community.

Great stress was laid on the geological condition of the 'Coon

valley and the purity of the water drawn from the strata of sand lying below an alluvial deposit of earth fifteen feet thick on which courses the river

The theory that this was in use was the effort of the essayist, but the fact that B. Colli have been found in the water lead to the belief that either the galleries from which the water is taken are not below the alluvial deposit or that there is a hole somewhere that permits surface drainage.

The general discussion was along the line of the necessity of protecting the river from future contamination.

DES MOINES PATHOLOGICAL SOCIETY.

Des Moines Pathological Society entertained Dr. J. W. Jobling of Chicago, at their meeting January 26. "The Study of Malignant Tumors by Experimental Methods" was the subject of his paper and a large number enjoyed it.

## MEDICAL NEWS NOTES.

Drs. Powers and Osborne of Hampton, Iowa, have dissolved partnership.

Dr. and Mrs. L. W. Dean of Iowa City, returned the last of January from their Chicago trip.

Dr. W. F. Carver of Ft. Dodge, returned home on February 1, from a month's stay in Chicago.

Dr. J. N. Day of Mt. Pleasant, Iowa, has been appointed county and city physician for that place.

Dr. M. O. Stauch of Solon, Iowa, has been appointed health officer for that district to succeed Dr. Harding.

Dr. Lynn Putnam of Shenandoah has been honored by being chosen as surgeon for the Burlington railroad.

Dr. and Mrs. A. J. Cole of Britt, left last month for California, where they will spend the remainder of the winter.

Dr. O. J. Fay and Dr. J. C. Rockafellow of Des Moines, attended the Iowa Clinical Surgical Society in Omaha, February 4.

Dr. E. E. Sherman of Keosauqua, Iowa, has recovered from an attack of diphtheria and is able to again attend to his practice.

Dr. Gershom Hill of Des Moines, was re-elected to the presidency of the Anti-Saloon League at a meeting held on January 30, 1912.

Dr. Geo. W. Newsome, of Indianola, was reported quite ill with scarlet fever, the later part of last month, but is improving quite rapidly.

Dr. F. A. Osincup and son of Waverly, Iowa, who have been visiting relatives in the east, returned to their home on January 6, 1912.

Dr. and Mrs. Wm. B. Lawrence of Red Oak, have returned from Ann Arbor, Michigan, where they have been spending their honeymoon.

Dr. J. C. Cooper of Villisca, Iowa, was driven from his office by a fire last month which partially destroyed the building in which he was located.

Dr. and Mrs. W. G. Jeffries of Leon, Iowa, have arrived at Vienna, Austria and report a very pleasant journey both on land and water.

Dr. R. V. Mater, formerly of Eddyville, Iowa, and now associated with Dr. Miller in the Oskaloosa hospital, is the proud possessor of a new automobile.

Dr. S. R. Klein, of Valhalla, New York, will sail on April 1, for Rome, Italy, where he will deliver a scientific paper before the Seventh

International Congress against tuberculosis, which convenes at that place, April 14-20, 1912.

Dr. W. L. Bierring of Des Moines, has an article in the December number of the Interstate Medical Journal on the condition of poliomyelitis in Iowa.

The Fellows Company of New York, have published a little booklet on modern diagnostic methods interesting to physicians and will be sent upon request.

Dr. W. H. Grimwood of Ft. Madison, who has been visiting the old home in England, has returned to his practice and tells of a thoroughly enjoyable trip.

Dr. and Mrs. E. S. Heilman of Ida Grove, left the middle of last month for Boston, Massachusetts, where they make an extended visit with the Drs. brother.

Dr. H. H. Amos of Charles City, left on Saturday, February 3 for Chicago, where he will spend a short time visiting with his wife who has been there for some time.

Dr. and Mrs. A. H. Johnson of Cedar Rapids, left that place on the evening of February 6 for Los Angeles ,California, where they will remain a month or six weeks.

Dr. H. L. Hollenbeck and wife left their home in Osceola, Iowa, on February 5 for a month's trip to the Isle of Pines and Cuba, going by way of Chicago and Tampa, Florida.

Dr. J. W. Mulhern of Keota, Iowa, arrived home from his southern trip on January 25. His son who accompanied him when he went away, will remain in Chicago for a few days.

Dr. John Davis of Indianola, who has recently returned from New York, expects to locate in Des Moines for the practice of his profession and will be associated with his brother, Robert E.

The Chicago, Milwaukee & St. Paul Railway, is making preparations for the establishment of an emergency hospital at the local shops in Dubuque, Iowa. The railorad is to be commended.

Dr. J. L. Crawford and Dr. W. J. Morrison of Cedar Rapids, Iowa, left that place on January 29 for Chicago, where they will attend the automobile show and other points of interest to them.

Dr. Ralph H. Parker and Dr. W. E. Sanders of this city attended the Sioux Valley Medical Association meeting which convened at Sioux City last month. Both parties were on the program.

The many friends of Dr. F. Mueller of Dennison, Iowa, will be pleased to learn of his improvement in health while sojourning in San Antonio, Texas. He expects to return to his work in the spring.

Dr. E. A. Jenkinson of Sioux City has been re-appointed county surgeon for Sioux City and Dr. R. M. Conmey of Seargent Bluffs, has been appointed as county physician for the poor farm of Woodbury county.

Dr. and Mrs. A. C. Page of this city, whose wedding was chronicled in our last issue, have returned from New Orleans where they had been spending their honey-moon and are now at home to their friends at the residence, 1105 Twentieth street.

Dr. H. V. Scarborough of Oakdale, Iowa, was appointed on January 31 to the superintendency of the state sanitarium at that place to succeed Dr. Kirschner, resigned. Dr. Scarborough has been assistant superintendent of the institution since 1909 and his appointment was a

matter that was expected by his friends who knew him and his work at Oakdale.

Dr. H. S. Hadsel of Elgin, Iowa, whose infected finger was made mention of in our last issue, has gone to Cedar Rapids in company with his wife, where the Dr. may have the constant care of a specialist. Everything is favorable for a recovery but the utmost care must be exercised.

On January 11 the new building of the New York Post-Graduate Medical School were opened to inspection and use. The plant provides for eleven operating rooms and groups of teaching rooms for each of the departments, besides extending the capacity of the hospital service to about 400 beds.

The Iowa Association of Southern California, including many physicians, will hold its annual picnic at West Lake, Los Angeles, February 22. Each county will have headquarters for registration and each college will have a tent and the management are expecting an unusual attendance.

Dr. J. B. Gardner of Manilla, Iowa, came very near being frozen to death last month when the sleigh, in which the Dr. was traveling, broke down in the country and caused his detention on the cold road he was badly frozen. Only the timely arrival of assistance prevented the death of the physician. His friends wish for a speedy recovery.

Report has been received that the Ocean Liner, "Cleveland," on which Dr. Coon and family of Dennison, were passengers, came in collision with the armored crusier "Colorado," at the entrance of the harbor at Honolulu. The collision being caused by the fact that the pilot had dropped dead while on the liner's bridge and in charge of the vessel. No serious damage was done, although both vessels were somewhat jammed.

## BIRTHS.

Born to Dr. and Mrs. O. W. Okerlin of Essex, Iowa, on January 22, 1912, a baby boy. Father very happy.

Born to Dr. and Mrs. E. L. Bay, of Eddyville, Iowa, on Tuesday, January 30, 1912, a fine baby boy. Their first born.

Born to Dr. and Mrs. W. S. Sharp of Valley Junction, on February 14, 1912, a baby girl.

Dr. and Mrs. Geo. J. Armitage of Murray, Iowa, were made happy January 14 by the arrival of twins, boy and girl.

## ACCIDENTS.

Dorothy, the baby daughter of Dr. and Mrs. H. P. Engle of Newton, had the misfrotune to have her fingers crushed in a closing door last month.

Dr. H. R. Rubel of Waverly, met with a painful accident on the evening of January 8, when, as he alighted from his automobile in the garage at his residence, he struck his right leg against the gas generator, fracturing the knee cap. It will probably be some time before the Dr. has the full use of his leg.

## WEDDINGS.

On January 3, at Modale, Iowa, occurred the wedding of Dr. A. W. Cooper of that place and Miss Kelly of Davenport. They will be at home to their friends in Modale.

Dr. S. E. R. St. Clair of Hampton, Iowa, and Miss Florence L. Jewell, also of Hampton, were married in the parlors of the Kirkwood hotel in Des Moines on February 8, 1912.